



# SHALOM COLLEGE

## ADMINISTRATION OF MEDICATION TO STUDENTS

STUDENT NAME:	PHOTO
YEAR LEVEL:	
CONDITION:	
NAME OF MEDICATION:	

DURATION OF ADMINISTRATION: Ongoing or Dates Specified \_\_\_\_\_

METHOD OF ADMINISTERING THE MEDICATION:

DOSAGE	TIME	DATE	ADMINISTERED BY:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

**PARENT/GUARDIAN INFORMATION**

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Unused medication to be returned to parent: YES / NO

**OFFICE USE ONLY**

TASS Input by: \_\_\_\_\_ Date: \_\_\_\_\_