



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: _____	