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:** _____