



Prince William County Public Schools

P.O. Box 389
Manassas, VA 20108
703-791-7200

Authorization to Administer Medications in the event of "Shelter in Place"

Parent or Guardian:

Many students take **critical** medications before and after the school day. Please complete the following for all **critical** medication(s) that your child should receive in the event of a **Shelter in Place** situation. **Each medication must be in its original labeled container.**

Please note that this permission slip does not replace the authorization that you previously submitted for medications that are currently administered during the school day. This form must be completed for only those **critical** medications that you administer before or after school hours.

(Example: Medications to be given before breakfast or after the evening meal.)

Child's Name: _____ **School:** _____

Grade: _____ **Birth date:** _____

Allergies: _____

Please provide the following medications to my child at the specified times:

	Medication:	Dose:	Time to give:	Special instructions:
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Parent or Guardian signature: _____

Date: _____