



**Authorization for the Administration of Medication at School  
2023-2024**

**As stated in The Winston Knolls School Parent Handbook:**

If a student's medical condition requires that medication be administered at school, an *Authorization for the Administration of Medication at School* form must be completed by the prescribing physician and parents and received by The Winston Knolls School before any medications can be administered. Any medication brought to school that does not meet The Winston Knolls School requirements will not be administered.

The Illinois State Board of Education and The Winston Knolls School feel that the parents/guardians have primary responsibility for the administration of medication to their children. In situations when a student's health or well-being could be compromised by not receiving medication during school hours, the following policy and procedures must be followed in order for medications to be administered at school:

- The *Authorization for the Administration of Medication at School* must be signed by a parent and physician/licensed healthcare provider before any medications will be administered. These authorizations are distributed prior to the start of each school year and as requested by the parent/guardian.
  - Students with life threatening allergies and/or emergency seizure medication.
- All medication must be in an original, unopened package labeled with the student's name, dosage, and directions for administration.
- All medication, both prescription and over the counter, must be brought into the main office by a parent or guardian, or an adult appointed by the parent or guardian. No student shall be permitted to carry medication or drugs on their person, including in their backpack.
  - The Winston Knolls School will not administer medication that is delivered to the school via the student.
  - While the parent is present, the school nurse will verify the quantity of the medication.
- Pursuant to 225 ILCS 65/50-75(b), medication will only be administered by the school nurse or a school administrator.
- All medication needed during school hours will be locked in the Health Office.
- Expired medication will not be administered. Unclaimed medication will be destroyed by school personnel at the end of the summer term.
- It is expected that the information provided is accurate, complete and up-to-date, and that any changes will be communicated to the school in an expedited manner.

I hereby authorize The Winston Knolls School faculty, staff, Administration, Board of Directors and officers to take whatever action in their judgment may be necessary in supplying emergency medical services consistent with this plan, including the administration of medication to my child. I understand that the Local Governmental and Governmental Employees Tort Immunity Act protects staff members from liability arising from actions consistent with this plan. I also authorize the school district staff members to disclose my child's protected health information to chaperones and other non-employee volunteers at the school or at school events and field trips to the extent necessary for the protection, prevention of an allergic reaction, or emergency treatment of my child and for the implementation of this plan.

Parent's Name \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

*To be completed by a Physician or Licensed Healthcare Provider*

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**PHYSICIAN'S ORDERS:** I hereby request that the school nurse or administrator administer the medication(s) identified below, as is indicated or necessary, during school hours:

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Condition(s) Requiring Medication

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Medication	Dose	Time	Side Effects
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Medication	Dose	Time	Side Effects
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Medication	Dose	Time	Side Effects
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Medication	Dose	Time	Side Effects
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Duration of Use

Additional Instructions (additional pages may be attached, if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature

Date

Insert doctor's stamp here:

Please return to The Winston Knolls School by fax: 630.283.3482 or  
Email to: Katie Clark, Program Support Assistant  
EM: [KClark@wkedgroup.org](mailto:KClark@wkedgroup.org)