

WINNETKA SCHOOL DISTRICT 36 | 2025-2026 SCHOOL MEDICATION AUTHORIZATION FORM

All medications to be administered at school require written authorization. See information on reverse side. This form must be completed each school year. **One form per medication.**

Student Name: _____ Birthdate: _____ School: _____ Grade: _____

Medication Allergies: _____

Parent/Guardian's Name: _____ Cell Phone: _____

PRESCRIPTION MEDICATIONS and or "OVER THE COUNTER" NON-PRESCRIPTION MEDICATIONS

All medications must be brought to the Health Office by the student's parent/guardian in the prescription-labeled container or in the original over-the-counter medication container.

PART I – TO BE COMPLETED BY STUDENT'S HEALTH CARE PROVIDER

Medication Name: _____

Dosage: _____ Method: _____ Time/ Circumstances: _____

Is it necessary for this medication to be administered during the school day? ☐ Yes ☐ No

Diagnosis/Purpose: _____

Prescription Start Date: _____ Discontinuation Date: _____

Additional Instructions; Intended Effect and Possible Adverse Reactions: _____

Other Medications Student Is Taking: _____

Student is authorized to **self-administer** the above-identified asthma medication, epinephrine injector (e.g., EpiPen®), or other medication under a qualifying plan? ☐ Yes ☐ No

Student is authorized to **self-carry** the above-identified asthma medication, epinephrine injector (e.g., EpiPen®), or other medication under a qualifying plan? ☐ Yes ☐ No

Physician Printed Name: _____

Office Address: _____

Office Phone: _____

Emergency Phone: _____

(Prescriber's office stamp)

Physician's Signature: _____

Date: _____

PART II – TO BE COMPLETED BY ALL PARENTS/GUARDIANS

I hereby acknowledge that I have reviewed and understand the District's medication policies and procedures. By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the District and its employees and agents, on my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer pursuant to State law and Board policy, while under the supervision of the employees and agents of the District), lawfully prescribed medication in the manner described above. This includes administration of undesignated asthma medication, epinephrine injectors, or opioid antagonists, to the extent the District maintains such undesignated supplies, to my child when there is a good faith belief that my child is having an asthma episode, anaphylactic reaction, or opioid overdose, whether such reactions are known to me or not. I give permission for the school nurse to communicate and share information with the above-identified health care provider regarding my child's medication. I understand I have the right to inspect, copy, and challenge the information to be disclosed pursuant to this consent. If I do not grant this consent, information will not be shared by my child and I will not suffer any other consequences. I acknowledge that it may be necessary for the administration of medication to my child to be performed by an individual other than a school nurse and specifically consent to such practices. I agree to indemnify, release, and hold harmless the District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration of medication, or my child's self-administration of medication, including asthma medication or epinephrine injectors, or medication required under a qualifying plan.

Parent/Guardian Signature: _____ Date: _____

See page 2 for those students who self carry and/or self administer medication

PART III – TO BE COMPLETED BY PARENTS/GUARDIANS OF STUDENTS WHO SELF-CARRY AND/OR SELF-ADMINISTER MEDICATION

I give permission for my child to **self-administer** the above-identified asthma medication, epinephrine injector (e.g., EpiPen®), or other medication under a qualifying plan? ☐ Yes ☐ No

I give permission for my child to **self-carry** the above-identified asthma medication, epinephrine injector (e.g., EpiPen®), or other medication under a qualifying plan? ☐ Yes ☐ No

I hereby acknowledge that my child can self-administer the above-identified asthma medication, epinephrine injector (e.g., EpiPen®), or other medication under a qualifying plan. I further acknowledge, if applicable, that my child can self-carry asthma medication or an epinephrine auto-injector, and that I am responsible for having the asthma medication or an epinephrine auto-injector available for my child to self-carry. I authorize the District and its employees and agents to allow my child to self-carry and/or self-administer the asthma medication, epinephrine injector (e.g., EpiPen®), or other medication under a qualifying plan as set forth above while in school, at a school-sponsored activities, under the supervision of school personnel, or before or after school activities. I agree to indemnify, release, and hold harmless the District and its employees and agents against any claims, except a claim based upon willful and wanton conduct, arising from my child's self-carry and/or self-administration of asthma medication or epinephrine injectors, or medication required under a qualifying plan.

Parent/Guardian Signature: _____ **Date:** _____

For Nurses Only:

Discontinuation of Medication

Date D/C: _____

Method of Med Return(circle one): Parent retrieved Sent with Student Properly Disposed

Amount of Remaining Medication: _____ Parent Signature: _____ Nurse Signature: _____

Date Returned: _____ Administrator Signature for disposal: _____

WINNETKA SCHOOL DISTRICT 36 | ADMINISTRATION OF MEDICATION TO STUDENTS

Parents/guardians have primary responsibility for the administration of medication to their children. The administration of medication to students during regular school hours and during school-related activities is discouraged unless necessary for the student's health and well-being, to maintain the student in school, or in the event of an emergency. The administration of medication to students is subject to State law, Board Policy, and guidelines established by the Superintendent or designee, in keeping with State agency recommendations (including from the Illinois Department of Professional Regulation, Illinois Department of Public Health, and Illinois State Board of Education).

PROCEDURES AND GUIDELINES

1. **School Medication Authorization Form:** No District employee shall administer to any student, nor shall any student possess or consume, any prescription or non-prescription medication except after a School Medication Authorization Form has been completed and submitted for the student. The Form must be completed each school year. A Form must be completed for each medication. The school nurse or designee will review School Medication Authorization Form and will consult with the parent/guardian, student's health care provider, or pharmacist for additional information, if necessary. Nurses are responsible for their own actions regardless of the licensed prescriber's written order and have the right and responsibility to decline to administer a medication if they feel it jeopardizes student safety. In such instances, the nurse must notify the parent/guardian, the student's health care provider, and the school administration. It is the parent/guardian's responsibility to update the School Medication Authorization Form and student health information in the event of any change, and to provide medication refills as needed.
2. **Appropriate Medication Containers:**
 - a. Prescription Medications: Prescription-labeled by a pharmacy or licensed prescriber. Must display student's name, prescription number, medication, dose, directions for administration, date and refill schedule, pharmacy label, and pharmacist identifying information. Please ask the pharmacist for a second, properly labeled bottle for school.
 - b. Non-Prescription / Over-the-Counter Medication: Must be in an unopened, manufacturer-labeled container.
 - c. **Medications sent to school in lunch boxes, baggies, envelopes, or like containers will not be dispensed.**
3. **Administration of Medication:** Medication will be administered by a certificated school nurse, registered nurse, or school administrator. Teachers or other employees cannot be required to administer medication or supervise self-medication, although they may volunteer to do so after receiving training on the correct procedure. This does not prohibit any school employee from administering emergency assistance to a student. If no volunteer is available, the parent/guardian must plan for the administration of their child's medication. A student's parent/guardian may come to school to administer medication to his/her own child. The school nurse or administration retains the discretion to deny requests for administration of medication.
4. **Self-Administration and Self-Carry Medication:** A student may self-carry and self-administer an epinephrine injector (e.g., EpiPen®) and/or asthma medication prescribed for use as authorized by the student's health care provider and parent/guardian and a completed and signed School Medication Authorization Form has been submitted for the student. Additionally, a student may self-carry and/or self-administer medication required under a qualifying plan, provided a completed and signed School Medication Authorization Form has been submitted for the student. A qualifying plan means: (1) an asthma action plan, (2) an Individual Health Care Action Plan, (3) an allergy emergency action plan, (4) a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or (5) a plan pursuant to the federal Individuals with Disabilities Education Act. The school nurse or designee will develop an Emergency Action Plan for each self-administering student. Daily documentation will be provided for health office supervised self-administration. For "as needed" medications, such as those taken by students with asthma and allergies, that the student self-carries and self-administers, no daily documentation will occur. Self-administration and/or self-carry privileges may be denied for a student if the student exhibits behavior that indicates lack of responsibility toward self or others related to the student's medication.
5. **Storage and Record Keeping:** Medication will be stored in a locked cabinet. Medication requiring refrigeration will be in a secure area. All pills will be counted, recorded, and initialed by school nurse and parent. Each dose given will be recorded in the student's individual health record. In the event a dose is not administered, the reason shall be entered in the record. The parent will be notified if indicated. When a student medication is discontinued, the parent must notify the school nurse immediately and pick up the discontinued medication within 10 school days. If the medication is not picked up, the nurse will destroy (by crushing/liquefying/drying compound) the medication and its container in the presence of an administrator. At the end of the school year, parents/guardians will be notified to pick up their student's medication. Any student medication must be picked up by the last day of school. Any student medication remaining in the school at the conclusion of the last day of student attendance will be destroyed (by crushing/liquefying/drying compound) in the presence of an administrator.
6. **Field Trips:** Students will not be able to attend field trips without proper medications available.

Crow Island School	Health Office 847-446-1048	Fax 847-446-9021
Greeley School	Health Office 847-446-2638	Fax 847-501-5737
Hubbard Woods	Health Office 847-446-1062	Fax 847-501-6124
Skokie School	Health Office 847-441-2194	Fax 847-441-2193
Washburne School	Health Office 847-446-6260	Fax 847-446-1380