

DOWNERS GROVE PARK DISTRICT
MEDICATION DISPENSING INFORMATION

This form must be completed for each program session or when medication changes.

BACKGROUND INFORMATION:

Participant's Name: _____ Age: _____

Address: _____

Parent's/Guardian's Name (s): _____

Daytime Phone: _____ Other Phone: _____

Program Name: _____

Doctor's Name: _____ Phone: _____

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MEDICATION INFORMATION:

1. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

2. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

3. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

Medication Dispensing Information Form
Page 2

Other Information: _____

I understand that it is my responsibility to give the medication directly to program staff with full instructions in individual dosage containers or clearly labeled envelopes.

In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication changes.

Signature of Parent or Guardian

Date

DOWNERS GROVE PARK DISTRICT
Permission To Dispense Medication
Waiver and Release of Claim

The Downers Grove Park District will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian. The agency's internal procedures on dispensing medication are available for review.

NAME OF PROGRAM: _____ **Date:** _____

I _____ the parent/guardian of _____
(Print Name)

give permission to the staff of the _____
(Program/Park District)
to administer to my child _____
(Name of Medication)

I understand it is my responsibility to give the medication directly to the program staff in individual dosage containers or envelopes clearly labeled with the following information:

Participant's Name: _____

NAME OF MEDICINE AND COMPLETE DOSAGE INSTRUCTIONS:

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the _____ to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

Permission to Dispense Medicine

Waiver and Release of All Claims

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. In consideration of the *DOWNERS GROVE PARK DISTRICT* administering medication to my minor child, I do hereby fully release or discharge the *DOWNERS GROVE PARK DISTRICT* and its officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend the *DOWNERS GROVE PARK DISTRICT*, and its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with the administering of medication.

Signature of Parent or Guardian

Date