



Medication Dispensing Information

Parent/Guardian must complete this form for each program session or when medication changes

Background Information

Park District Class/Program Name	Date
----------------------------------	------

Participant's Name		Age
Address		
Parent's/Guardian's Name(s)		
Cell Phone	Home/alternate Phone	Email
Doctor's Name	Phone	

Medication Information

1	Medicine name	Expiration Date
	Dose	Time
	Dispensing & Storage Instructions	
	Manufacturer's Disposal Instructions	Possible Side Effects
Strength of Medication		

Continued on next page ➔

2	Medicine name	Expiration Date
	Dose	Time
	Dispensing & Storage Instructions	
	Manufacturer's Disposal Instructions	Possible Side Effects
Strength of Medication		

3	Medicine name	Expiration Date
	Dose	Time
	Dispensing & Storage Instructions	
	Manufacturer's Disposal Instructions	Possible Side Effects
Strength of Medication		

Other information:

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

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 change.

Signature of Parent or Guardian

Date



Permission To Dispense Medication & Waiver And Release of All Claims

The Elk 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.

Park District Class/Program Name	Date
----------------------------------	------

I, *(print your name)* _____, the parent/guardian of

(print your child's name) _____ give permission to the staff of the

Elk Grove Park District to administer to my child the following medication(s):

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

- Participant's name
- Name of Medicine
- 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 Elk Grove Park District 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.

Continued on next page ➔

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. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

In consideration of the Elk Grove Park District administering medication to my minor child, I do hereby fully release or discharge the Elk Grove Park District, and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have (or accrue to 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

MEDICATION LOG YEAR: _____

Participant's Name:	Program:	Session:
Medication:	Dosage:	Strength:
<i>only one medication per chart</i>		

Date:	Time:	Initials

MEDICATION LOG YEAR: _____

Participant's Name:	Program:	Session:
Medication:	Dosage:	Strength:
<i>only one medication per chart</i>		

Date:	Time:	Initials

MEDICATION LOG YEAR: _____

Participant's Name:	Program:	Session:
Medication:	Dosage:	Strength:
<i>only one medication per chart</i>		

Date:	Time:	Initials