



WHEATON PARK DISTRICT
Permission to Dispense Medication/
Waiver and Release of All Claims

Dear Parent/Guardian:

We are able to dispense medication to your child during their early childhood/preschool class, if it is necessary. To do this we must have the following information:

The parent/guardian must:

- 1. Complete the Permission to Dispense Medication/Waiver and Release of All Claims form;*
- 2. Complete and sign the Medication Dispensing Information form;*
- 3. Deliver all medication to the instructor in the original prescription bottle or in clearly marked containers which include the person's name, medication, dosage and time of day medication is to be given;*
- 4. To provide current (up to date) prescriptions.*
- 5. Verbally communicate with agency staff regarding specific instructions for medication.*

Please return the signed waiver form along with your child's medication to the instructor on the first day of class



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The Wheaton 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 _____

give permission to the staff of the Wheaton Park District to administer to my child:

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

PARTICIPANT'S NAME: _____

NAME OF MEDICINE AND COMPLETE DOSAGE INSTRUCTIONS:

1. _____
2. _____
3. _____

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 Wheaton 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.

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 Wheaton Park District administering medication to my minor child, I do hereby fully release or discharge the Wheaton Park District, and its officer, agents, volunteers and employees from any and all claims resulting 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 Wheaton 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



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: _____

Camp Name: _____

Doctor's Name: _____ Doctor's phone: _____

MEDICATION INFORMATION:

1. Name: _____ Dose: _____ Time: _____

Dispensing & Storage: _____

Possible side effects: _____

2. Name: _____ Dose: _____ Time: _____

Dispensing & Storage: _____

Possible side effects: _____

OTHER INFORMATION: _____

I understand that it is my responsibility to give the medication directly to the camp director with full instruction 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