

Elk Grove Park District
Medical Dispensing Information Form

(This form must be completed for each session or when medications change)
All medications must be in their original prescription containers clearly labeled.

BACKGROUND INFORMATION

Participant's Name: _____ Age: _____
Address: _____
Parent's/Guardian's Name(s): _____
Daytime: _____ Other Phone: _____
Doctor's Name: _____ Phone: _____
Program Name: _____

MEDICAL INFORMATION: (NOTE: Injections must be administered by a certain individual)

1. Name: _____ Time: _____ Dosage: _____
Type: _____ Tablet _____ Capsule _____ Liquid _____ Other _____
Dispensing & Storage Instructions: _____
Possible Side Effects: _____
Is your child allowed to dispense his/her own medication? _____ Yes _____ No
If yes, will they require a reminder to take prescribed medication? _____ Yes _____ No
2. Name: _____ Time: _____ Dosage: _____
Dispensing & Storage Instructions: _____
Possible Side Effects: _____

PERMISSION TO DISPENSE MEDICATION AND 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 Elk Grove Park District's internal procedures on dispensing medication are available for review.

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

give permission to the staff of the Elk Grove 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 their original prescription containers 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 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.

I recognize and acknowledge that there are certain risks of physical injury in connection with administering of medication to my minor child/ward. In consideration of the Elk Grove Park District administering medication to my minor child/ward, I do hereby fully release or discharge the Elk Grove Park District, and it's officers, agents, and employees from any and all claims from injury, damages and losses I or my minor child/ward may have, arising out of, connecting with, incidental, to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend the Elk Grove Park District, and it's officers, agents, and employees from any and all claims resulting from injuries, damages and losses sustained by me or minor child/ward and arising out of, connecting with, incidental to or in any way associated with the administering of medication.

Parent or Guardian's Signature

Date