

WAUKEGAN PARK DISTRICT

PERMISSION TO DISPENSE MEDICATION WAIVER AND RELEASE OF ALL CLAIMS

(If more than three medications per participant, complete another form.)

<p>Reference: Participant name _____ Program participating in: _____</p>

The Waukegan Park District (WPD) will not dispense medication to a minor child or other participant until the *Permission To Dispense Medication/Waiver and Release of All Claims Form* have been fully completed by a parent or guardian and *Annual/Participant Information Form* is updated as needed. The agency's internal procedures on dispensing medication are available for review.

This permission will be in effect from ____/____/____ to ____/____/____

I, _____, the parent/guardian of
(Print Parent/Guardian Name)

_____, give permission to the
(Print Participant Name)

staff of the WPD to administer the following medication(s) to my child according to the Dose Instructions listed on page two.

I understand it is my responsibility to give only daily doses or amount for program activity, of the medication directly to the program staff in original prescription containers with the following information:

- Participant's name
- Name of medication
- Complete dosage instructions (amount and time of day)

If temporary containers must be used, see guidelines in procedures and allow a minimum of 3 business days prior to program to complete the approval process.

I understand that, if there is any discrepancy between the instructions I have written on this waiver and the prescription label, WPD staff will not dispense the medication until a parent/guardian or physician can be reached. If medication is needed for an emergency situation, I understand that the dispensing instructions used will be those from the original prescription container.

In all cases the recommended dosage of medication on original prescription container will not be exceeded, when administered by staff. If after administering medication, there is an adverse reaction, I give my permission to the WPD to secure medical 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 administration of medication to my minor child. Such risks include but are not limited to, failing to properly administer medication, failing to observe side effects, failing to assess and/or recognize 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 WPD administering medication to my child, I do hereby fully release or discharge the WPD, and its officers, agents, volunteers, and employees from any and all claims from injuries, damages, or losses I or my minor child will 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

DOSE INSTRUCTIONS

Medication: _____

Dose _____ Time _____

Dispensing Instructions: _____

Storage Instructions: _____

Medication: _____

Dose _____ Time _____

Dispensing Instructions: _____

Storage Instructions: _____

Medication: _____

Dose _____ Time _____

Dispensing Instructions: _____

Storage Instructions: _____