

Waukegan Park District

Dispensing of Medication Procedure

To minimize the administration of a medication dispensing program, parents or guardians are asked if the person can be medicated prior to entering the program. The Waukegan Park District's (WPD) medical dispensing program should only be used when it is absolutely necessary to administer medication to a child or patron during program hours.

I. Parental Procedures and Responsibilities

The parent/guardian **must**:

1. Complete the *Permission To Dispense Medication/Waiver and Release of All Claims* form;
2. Complete and sign the *Annual/Information Form*;
3. Deliver all medication to the WPD office in individual daily dose, in the original prescription bottle, which include the person's name, medication, dosage, and instructions including time of day medication is to be given. Multiple doses will be accepted if they are needed for the time frame the participant is in or care, such as overnight trips, etc. If the original container and label can not be used, then the following must occur for the container to be accepted:
 - Container must be sturdy and sealed tightly
 - Written label must be clear and obtain all information that is on the original label, including the doctor's information
 - A minimum of 3 business days prior to the program, parent/guardian must show the original label to authorized staff, so that the written information on the temporary container can be compared to the original label from the pharmacy. If the information on the original container changes, then the written instructions must also be adjusted and the comparison made again. Both the parent/guardian and WPD staff must initial the written label for it to be accepted. The 3-day requirement can be waived only if the timing of when the doctor prescribes the medication is less than 3 days prior to when medication needs to be dispensed at the program; a minimum of 24 hours will be enforced.
4. Verbally communicate with WPD staff regarding specific instructions for medication.

II. Staff Medication Dispensing Procedures

WPD program staff **must**:

1. Ensure that the *Permission To Dispense Medication/Waiver and Release of All*

Claims Form and Annual/Participant Information Form are fully completed and signed by the parent/ guardian prior to the dispensing of any medication.

2. Ensure that only authorized WPD staff accepts medication (and compare labels when necessary).
3. Verbally communicate with the parent or guardian regarding any specific instructions regarding the dispensing or storage of the medication. It is also the responsibility of the authorized staff who receives medication to properly store medication in a locking cabinet or in a refrigerator as needed. **It is extremely important that stored medication is out of the reach of other patrons and particularly children.**
4. Obtain copies of all waivers, internal procedures, medical information forms, and medication logs when obtaining the prescription medication to be transported to the program site. All medication stored at a program site must be secured and only available to authorized program staff.
5. Program coordinators responsible for dispensing medication must strictly follow all written instructions on the medical information form and individual dose envelopes or original prescription container labels. In the event that conflicting dispensing information exists, medication should not be administered until the parent, guardian, or physician are reached by phone to obtain specific instructions.
6. Unless otherwise arranged, only paid and trained WPD staff will be allowed to dispense medication.
7. WPD staff responsible for dispensing medication will fully complete the medication information contained on the medication log form. Medication dispensing logs should be completed until medication dispensing has ceased and completed medication logs should be turned into the WPD's office and kept in a permanent file for at least three years at the conclusion of the program.

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: _____

**WAUKEGAN PARK DISTRICT
MEDICAL INFORMATION FORM**

Program: _____

General Information

Participant's Name: _____ Age: _____

Address: _____

Parent's/Guardian's Name: _____

Daytime Phone: _____ Other Phone: _____

Doctors Name: _____

Doctor's Phone Number: _____

(other numbers on the Emergency Contact form can be referenced)

In order for your child to have the best possible program experience, it is helpful for us to know if your child has ADD, ADHD, BD, learning disability, asthma, seizures, food allergies or anything else, which might affect his/her experience. Please disclose this type of information at your discretion.

Medication Information

Information on medications to be administered to the participant during program hours is required. In case of an emergency, it is also helpful to list any medication the participant receives on a regular basis but it is not mandatory that you share this information.

1. Name of Medication: _____ Dispensed by: ___staff ___guardian

Reason for medication: _____

Possible side effect: _____

2. Name of Medication: _____ Dispensed by: ___staff ___guardian

Reason for medication: _____

Possible side effect: _____

(Continued on Back)

3. Name of Medication: _____ Dispensed by: ___staff ___guardian

Reason for medication: _____

Possible side effect: _____

If a medication needs to be administered by Waukegan Park District staff, a 'Permission to Dispense Medication' form must be completed for each medication needing to be dispensed. In all cases, medication dispensing can only be administered, changed or modified by completing a 'Permission to Dispense Medication' form.

Other Information _____

Acknowledgement

I hereby acknowledge that the above information is accurate and I understand that it is my responsibility to inform the Waukegan Park District of any changes in the above information.

Signature of Parent or Guardian

Date