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**B.A.S.E Before/After School Program**

**APPLICATION FORM 2021-2022**\*for participants in grades K-5\*

**STEPS TO REGISTER** – Application Process starting July 22nd, 2021

1. You can apply online or contact Maria Contreras 847-360-4708 for application information and complete application. You can call to verify that the program is running (must have minimum registration). **THERE IS A 2 BUSINESS DAY WAITING PERIOD FROM REGISTRATION TO START DATE FOR EACH CHILD TO ATTEND THE PROGRAM.**
2. Complete Park District Application Forms and submit to Maria Contreras via email or by dropping them off at the Belvidere Recreation Center, 412 S Lewis Ave, Waukegan, IL 60085.
3. Once approved, you will be notified to make payments online or pay in person at any Waukegan Park District facility.
**SIBLING DISCOUNTS**
* Families with more than one child living in the same household will receive a discount for each additional child in the same program. Eligible programs include: B.A.S.E., W.H.O. and Holiday Adventures Programs. Registration must take place in person to qualify for these discounts.

**START DATE FOR YOUR CHILD WILL BE CONFIRMED 48 HOURS AFTER APPLICATION SUBMISSION TO MARIA CONTRERAS**

|  |  |  |
| --- | --- | --- |
| PROGRAM | Sibling fee for first childRes/Non-Res | \* Sibling fee for each Additional Child Res/Non |
| **BASE Before School Early** | $165 per month | $145 per month |
| **BASE Before School Late**  | $175 per month | $155 per month |
| **BASE After School Early**  | $185 per month | $165 per month |
| **BASE After School Late**  | $175 per month | $155 per month |
| **We Have Off Days** | $33/$39 per day | $25/$30 per day |
| **Holiday Adventures**  | $33/$39 per day | $25/$30 per day |
| **Spring Break Adventures** | $33/$39 per day | $25/$30 per day |

***Program Fee Information***

* **A $20** application fee, as well as the first and last month tuition payments is due at the time of registration for the B.A.S.E. program. **The application fee is NOT refundable.**
* Bus transportation might be delayed for two weeks from the day the application is submitted and have been approved.
* If a child cannot attend the program, tuition is refundable only as long as the Waukegan Park District is notified in writing by the 25th of the prior month. Make checks payable to the Waukegan Park District.
* Tuition is **DUE on the first of the month** for each consecutive month your child is enrolled in the BASE program. Please contact Maria Contreras should there be an issue in making a payment.

**Financial Assistance:**

* Students who receive financial support from another source need to provide the official financial support approval letter to the District at the time of registration in order to enroll with no registration fees. Many approval letters are sent directly to the District and are only filed at the Belvidere Recreation Center. Parent/Guardian should always bring their copy of the approval letter with them just in case the District has not yet received its approval letter for the child. Belvidere Recreation Center is located at 412 S. Lewis Ave. and is open Monday-Friday from 6-8pm for B.A.S.E. payments.
* **Once you are registered for the program, B.A.S.E. payments can be made on-line at** [www.waukeganparks.org](http://www.waukeganparks.org)**.
You will need to set up a Park District on-line profile. Activation of your account may take up to 24hrs to be approved.**

**Note:** The information and details gathered in this packet are collected solely for registration of the B.A.S.E. program and services through the Waukegan Park District. The records are maintained privately by the Waukegan Park District and will be properly disposed of thereafter in a manner that protects the privacy and confidentiality of the participants and families approved by State regulations.

B.A.S.E Before/After School Program

**APPLICATION FORM 2021-2022**

**PLEASE ANSWER COMPLETEY ALL SECTIONS OF THE APPLICATION PACKET**

 If something is not applicable on the medical forms initial the on the N/A section of the form.

**I understand that B.A.S.E. payments are due on or before the first of each month**. I understand that if my payment is not paid by the first of the month, a service charge of $1 per day will be charged. If payment is not paid by the 5th day of the month, on the 6th day a $10 late fee will be charged. The Waukegan Park District reserves the right to suspend or cancel enrollment for outstanding balances that have not been paid by the first of the month. \_\_\_\_\_\_ (Initials)

**Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: [ ]  M [ ]  F

**SCHOOL CHILD ATTENDS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Circle/Check) [ ]  Late or [ ]  Early Release?



**Mother’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If different from child)

**Father’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If different from child)

**Email Address**: This helps us communicate with you better: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BEFORE CARE: School District Calendar Followed**

[ ]  **Before School Program-Early Start #50502201**

MO-FR 8/16-5/24 7-8:30am Reg. is ongoing $165/mo **-1A**

[ ]  **Before School Program-Late Start #50502201**

MO-FR 8/16-5/24 7-9am Reg. is ongoing $175/mo **-1**B

**AFTER-CARE: School District Calendar Followed**

[ ]  **After School Program-Early Release #50502202**MO-FR 8/16-5/24 3:30-6pm Reg. is ongoing $185/mo **-1A**

[ ]  **After School Program-Late Release #50502202**

MO-FR 8/16-5/24 4-6pm Reg. is ongoing $175/mo **-1B**

**I HAVE READ AND AGREE TO THE ABOVE INFORMATION CONTAINED IN THIS APPLICATION.**

P**arent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**The following documents MUST be completed and returned 2 weeks before you start the BASE program to ensure service needs.**

**B.A.S.E. Pick-up Authorization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***Print Participant Name***

Please list everyone authorized to pick-up your child from B.A.S.E. This includes parents! Your child will only be released to those individuals on this list. Government ID is required at pick-up. If you need to add or remove a person from this list, you may do so at any time in writing.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization To Participate**

I authorize this child to participate in the Waukegan Park District B.A.S.E. Program and any on-site and off-site activities that are included. A Park District van will be used for transportation. \_\_\_\_\_\_\_ **(Initials)**

I agree to pay any payment balances and fees by the deadlines set forth in the Waukegan Park District (WPD) Brochure/Handbook. I understand that failure to make payments on time or violations of any procedures set forth in the WPD Brochure/Handbook can result in forfeit of my deposits and any reserved spaces in the WPD B.A.S.E. program\_\_\_\_\_\_ **(Initials)**

In the event of an emergency, I authorize Park District staff to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child/ward and agree that I will be responsible for the payment of any and all medical services rendered. \_\_\_\_\_\_\_ **(Initials)**

I have provided all **Special Care and Consideration** **Section** information as required by the Waukegan Park District to insure the best care of my child while attending camp. \_\_\_\_\_\_\_ **(Initials)**

**Parent/Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Checklist of Forms** – check boxes when completed

[ ]  BASE Application form & the $20 application fee (non-refundable) 1st /last month’s monthly fees

[ ]  General Medical Information Form

[ ]  Special Care and Consideration Section

[ ]  Permission to Dispense Medication Waiver and Release of All Claims

[ ]  Medication Information

[ ]  Medication Dose Instructions

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**GENERAL MEDICAL INFORMATION FORM**

**Please check or X the appropriate box:**

[ ]  My child **DOES** **NOT** take medicine during B.A.S.E. hours. \_\_\_\_\_ **(Initials)**

[ ]  My child **WILL** needto take medicine during B.A.S.E. hours.\_\_\_\_\_ **(Initials)**

**PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 use the **Special Care/Consideration** **Section** page to provide the information needed to assist staff.

**(Continue to next page)**

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**Special Care/Consideration Section**

Waukegan Park District is committed to meeting your unique, individual leisure needs.  **It is the responsibility of the parent or participant to request any Special Care/Consideration needed for any conditions that affects your child physically, psychologically, emotionally or socially.** This is for everyone’s protection, and your confidentiality will be respected.

**Please keep in mind that not all personal care needs can be met by the District.**

* Any requests for inclusion services or personal care services should be made a minimum of TWO weeks prior to the start of B.A.S.E.; a delay in making request may delay the start date or require a parent to assist with administration of care during B.A.S.E.
* Once requested parent/guardian **MUST** have a conversation with a Recreation Specialist or another Management Staff prior to the start of B.A.S.E. to confirm the requested Special Care/Consideration can be administered/provided by B.A.S.E. Staff.
* The Park District does NOT have trained, certified, or licensed healthcare providers on staff.
* Requests for accommodation are evaluated on a case-by-case basis by any one or combination of Park District staff.
* Please note that Park District staff are unable to make medical diagnoses and/or to perform invasive medical procedures.
* When a participant or parent/guardian requests personal or medical care potentially outside the scope of the reasonable accommodation under the ADA, District staff will utilize the established “Participant Care Guidelines” to review the request to help insure the safe involvement of the participant in Park District or SRSNLC programs.
* Additional information from the participant’s doctor may be needed to assist staff in determining if the request for additional care/consideration can be accommodated.
* Once a request is approved, a meeting may be required to allow parent to train staff and/or to discuss plans to best accommodate the participant.

**Please list below or attach a description of any special care/accommodations you are requesting to your registration form.  This procedure will help ensure your enjoyment of our program.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial if NOT Applicable \_\_\_\_\_\_

**Program participating in**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PERMISSION TO DISPENSE MEDICATION**

**WAIVER AND RELEASE OF ALL CLAIMS**

(If more than three medications per participant complete another form.) 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 has been fully completed by a parent or guardian. 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 Waukegan Park District to administer the following medication(s) to my child according to the Dose Instructions listed on page five. 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 B.A.S.E. Handbook Medicine Guidelines 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial if NOT Applicable \_\_\_\_\_\_

**Signature of Parent or Guardian**  **Date**

**Participant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program participating in**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication Information**

Information on medications to be administered to the participant during program hours is required. If a medication needs to be administered by Waukegan Park District staff, the ‘Permission to Dispense Medication’ form must be completed and **each medication** needing to be dispensed must be reflected below. In all cases, medication dispensing can only be administered, changed or modified by completing the **‘Permission to Dispense Medication’** and **Medication Information** form.

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(s) for medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Possible side effect: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2. Name of Medication:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dispensed by: [ ] staff [ ] guardian

Reason(s) for medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Possible side effect: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**3. Name of Medication:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dispensed by: [ ] staff [ ] guardian

Reason(s) for medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Possible side effect:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Other Information** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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. I understand that I need to talk via phone or in person with a Recreation Specialist or Management staff about my child’s need for medication prior to the start of camp.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Initial if NOT Applicable \_\_\_\_\_\_

**Signature of Parent or Guardian**  **Date**

**Participant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**MEDICATION DOSE INSTRUCTIONS**

**Participant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dispensing Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Storage Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dispensing Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Storage Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dispensing Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Storage Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial if NOT Applicable \_\_\_\_\_\_