



BUFFALO GROVE PARK DISTRICT MEDICATION DISPENSING INFORMATION FORM

(This form must be completed for each program session or when medication changes)

All medications must be in their original clearly labeled containers

PARTICIPANT INFORMATION:

Participant's Name _____ Age _____

1. MEDICATION INFORMATION: (fill in for each medicine)

Name of Medicine: _____ Time: _____ Dosage: _____

Medication form: Tablet _____ Capsule _____ Liquid _____ Injection _____

Other: _____

Dispensing & Storage Instructions: _____

Dates to be administered: From _____ To _____

Time to be administered: _____ AM/PM _____ AM/PM _____ AM/PM

2. MEDICATION INFORMATION: (fill in for each medicine)

Name of Medicine: _____ Time: _____ Dosage: _____

Medication form: Tablet _____ Capsule _____ Liquid _____ Injection _____

Other: _____

Dispensing & Storage Instructions: _____

Dates to be administered: From _____ To _____

Time to be administered: _____ AM/PM _____ AM/PM _____ AM/PM

MISCELLANEOUS INFORMATION: _____

I understand that it is my responsibility to give the medication directly to program staff. **The medicine must be in the original prescription bottle. (You can ask your pharmacist for a duplicate prescription bottle, if needed.)**

In all cases, medication dispensing can only be changed or modified by completing another Medication Dispensing Information Form.

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 Buffalo 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 the administering of medication to my minor child. I also understand that it is my responsibility to inform the Buffalo Grove Park District if any changes in the instructions for dispensing of medication occur.

Signature of Parent or Guardian

Date

PLEASE COMPLETE THE REVERSE SIDE OF THIS DOCUMENT

Attn: Day Camp 2009



BUFFALO GROVE PARK DISTRICT PERMISSION TO DISPENSE MEDICATION WAIVER AND RELEASE OF ALL CLAIMS

The Buffalo 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 agency's internal procedures on dispensing medication are available for review.

Name of program: Buffalo Grove Park District – Sports Camp Date: _____

I, (*print name*) _____ the parent/guardian of (*print name*) _____ give permission to the staff of the Buffalo Grove Park District to administer to my child (*list medications*).

I understand it is my responsibility to give the medication directly to the program staff in individual dosage containers, 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 Buffalo 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 the administering of medication to my minor child. In consideration of the Buffalo Grove Park District administering medication to my minor child, I do hereby full release or discharge the Buffalo Grove Park District, and its officers, agents, volunteers and employees from any and all claims 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 Buffalo Grove Park District, 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 or failure to administer medication.

Signature of Parent or Guardian

Date

() _____
Parent or Guardian Home Phone

() _____
Parent or Guardian Alternate Phone (Work or Cell)

PLEASE COMPLETE THE REVERSE SIDE OF THIS DOCUMENT

Attn: Day Camp 2009