

Medication Dispensing Procedures for the Bolingbrook Park District and LCSRA

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 *Medication Dispensing Information form*
3. Deliver all medications to the full time program supervisor **in the original prescription bottle** (you can request an extra bottle from your pharmacy) a week prior to the start of the program. The bottle must contain the participants name, medication, dosage, and time of day medication is to be given
4. Verbally communicate with program supervisor any specific instructions regarding the medication
5. All medication will be held and dispensed by a designated program staff
6. Medication will not be administered if the above procedures are not completed
7. If medication is an Epi-pen or inhaler an additional waiver must be signed

II. Staff Procedures and Responsibilities for Dispensing Medications

Program supervisor / staff must:

1. Ensure that the *Permission and Waiver to Dispense Medication Form* and the *Medication and Dispensing Information Form* are fully completed and signed by the parent/guardian prior to the dispensing of any medication; all forms will be included in the program information given to staff
2. Ensure that only authorized staff accept medication which may include: program manager or supervisor or program lead staff.
3. Verbally communicate with the parent/guardian regarding any specific instructions regarding the dispensing or storage of the medication. It is also the responsibility of the authorized staff who receive medication to properly store it in a locked box or cabinet. It is extremely important that stored medication is out of reach of other patrons and participants in the program.
4. Obtain copies of all waivers, internal procedures, medication 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 staff.
5. Program coordinators/leaders responsible for dispensing medication must strictly follow all written instructions on the medical information form and information on the original prescription container. In the event that conflicting dispensing information exists, medication cannot be administered until the parent/guardian is reached in order to obtain specific instructions.
6. Unless otherwise arranged, only paid and trained Park District staff will be allowed to dispense medication
7. Staff responsible for dispensing medication will fully complete the medication log sheet. These logs will be turned into the program supervisor and will be kept and stored for at least three years upon the conclusion of the program.



CAMP ALOTTA FUN/TEEN Medication Form

MEDICATION DISPENSING INFORMATION

This form must be filled out for each program or when medication changes.

Participants Name: _____ Age and Grade: _____

Address: _____ City/Zip: _____

Parent/Guardians Name(s): _____

Home Phone: _____ Cell/Work Phone: _____

Program Name: _____

Doctor's Name: _____ Phone Number: _____

Medical Information:

1. Medication Name: _____ Date: _____ Exp Date: _____

Quantity Supplied: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

2. Medication Name: _____ Date: _____ Exp Date: _____

Quantity Supplied: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

Other Information: _____

I understand that it is my responsibility to give the medication directly to the PROGRAM COORDINATOR OR ASSISTANT COORDINATOR with full instructions in clearly labeled containers.

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

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency of any changes in the dispensing of medication change.

Parent/Guardian Signature: _____ Date: _____



CAMP ALOTTA FUN/TEEN Medication Form

PERMISSION TO DISPENSE MEDICATION WAIVER AND RELEASE OF CLAIM

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 Bolingbrook Park District administering medication to my minor child, I do hereby fully release or discharge the Bolingbrook 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 Bolingbrook Park District, and 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 of medication.

Signature of Parent or Guardian

Date