
Community Cruisers 2019 Registration Packet



Check list of forms & documents expected at the time of registration

- Registration/Waiver
- Signed Payment Agreement Form
- Voided Check (for ACH billing only)
- First month's payment (\$340R/\$390NR)
- Valid ID
- Annual Information Form
- Code of Conduct Form
- List of Individuals Allowed to Transport
- Family Survey
- Questions Completed by Participant
- Medication Form(s)
- Seizure Plan (to be done by supervisor)
- Transfer Plan (to be done by supervisor)
- Independent Wait Waiver

LCSRA COMMUNITY CRUISERS REGISTRATION 2019 REGISTRATION PACKET

Date Received _____ Supervisor Initials _____ WL # _____
Head of household _____
Address _____ City/Zip _____
Phone # _____ Email _____
Participants Name _____ Birthdate _____

The Bolingbrook Park District and LCSRA is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Bolingbrook Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Bolingbrook Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I have read and fully understand Program Details and Waiver and Release of all claims.

Parent Signature _____ Date _____

Office use only

_____ Date received application _____ Program Code to enroll _____

Supervisor Signature _____

Lily Cache Special Recreation 2019 Community Cruisers Payment Agreement

ENROLLEE INFORMATION:

Name _____ HH#: _____

PARENT/GUARDIAN INFORMATION:

First & Last Name _____

E-mail (Required) _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

PAYMENT OPTIONS:

Select one: Direct Debit to Checking Account Installment Billing Paid in full
 Withdrawn on the 26th Due on the 25th

Selection of options is final. For the Direct Debit option, the amount is automatically withdrawn from a checking account on or about the 26th of each month (depending on bank holidays).

BANKRUPTCY DISCLOSURE AND AGREEMENT:

By signing this agreement, I _____ (print name) agree that I have not filed bankruptcy in the last 90 days. Moreover, I irrevocably agree that if I file a Chapter 7 or Chapter 13 Bankruptcy Petition while any portion of the consideration is owing, I agree that the debt is non-dischargeable. Further, this agreement is subject to modification and/or termination upon the filing and notice of bankruptcy.

Bank Account Holder Signature: _____ Date: _____

DIRECT DEBIT AUTORIZATION:

Bank Account Holder Signature: _____ Date: _____

By selecting direct debit monthly debit **you must attach a voided check** from the checking account with name, address, routing number and account number.

COMMUNITY CRUISERS PAYMENT SCHEDULE:

The following is the payment schedule for the year. The payment amount is the full amount divided by twelve scheduled payments (it is not a monthly payment amount).

| Community Cruisers | Code | Monthly payment | Total of twelve payments |
|---------------------------|---------------------|-----------------|--------------------------|
| Cruisers Stars – T/W/TH | 500420E01/500420E02 | \$340R/\$390NR | \$4080/\$4680 |
| Cruisers Minions – T/W/TH | 500430E01/500430E02 | \$340R/\$390NR | \$4080/\$4680 |
| Cruisers Bulldogs – M/W/F | 500410E01/500410E02 | \$340R/\$390NR | \$4080/\$4680 |

PAYMENT SCHEDULE DUE DATES:

| Payment Number | Due Date | Payment Number | Due Date | Payment Number | Due Date |
|----------------|-----------------------|----------------|----------------|----------------|--------------------|
| 1 | Due December 21, 2018 | 5 | April 25, 2019 | 9 | August 25, 2019 |
| 2 | January 25, 2019 | 6 | May 25, 2019 | 10 | September 25, 2019 |
| 3 | February 25, 2019 | 7 | June 25, 2019 | 11 | October 25, 2019 |
| 4 | March 25, 2019 | 8 | July 25, 2019 | 12 | November 25, 2019 |

TERMS AND CONDITIONS:

By signing this agreement, I agree to pay for the selected Community Cruisers registration in the amounts in the above payment schedule and according to the payment schedule dates with LCSRA. Changes to billing information during the Community Cruisers payment agreement must be submitted to LCSRA by the 8th of the month of billing or billing will proceed as scheduled with original billing information. This includes any changes to the checking account for Direct Debit billing, address information, and/or email information. For direct debit, if the members account is invalid, if sufficient funds are not available to cover the payment amount, or the member's payment is returned from the member's bank for any reason, the member will be subject to a NSF service fee of \$35 by the Bolingbrook Park District. Approximately 7 days after the 26th of the month, request for payment plus the NSF service fee will be sent to the member's bank. If payment is still outstanding, the balance will be required prior to returning to the program. For installment billing, a \$25 late fee will be assessed if the payment is received after the 25th of the month due. If the direct debit billing balance or installment billing balance is not paid by the 30th of the month from payment schedule date, the participant will be withdrawn from the Community Cruisers program until the balance is paid. The customer agrees to pay reasonable attorney's fees incurred in the collection and enforcement of this contract. The customer may prepay in full at any time before maturity. This agreement is in effect until written verification is submitted to LCSRA stating the above participant has been withdrawn from Community Cruisers. I have read and fully understand the above terms and conditions of the Community Cruisers payment agreement. I understand that the agreement is non-refundable and non-transferable.

Parent/Guardian Signature: _____ Date: _____

Lily Cache Special Recreation Association Community Cruisers

Community Cruisers is a recreation based program developed to meet the needs of young adults with disabilities that are not serviced through the school district. The program provides opportunities for individuals to reach their full potential through recreational activities that promote positive peer interactions, community integration, and basic life skills.

LCSRA offers three sections of the community cruiser recreational day program in an attempt to accommodate and serve the needs of the post-transition age individuals being serviced. Each section has specific requirements that must be met in order to be considered for the program. The program supervisor will assess & determine the program that best meets the needs of each individual. The placement will be based on previous program participation, staff feedback, parent/participant interview, participant information sheet, and potential observations in a selected program.

Upon completing the enrollment packet, the family & potential participant will meet with the program supervisor. All new participants will be placed on a list and as there are openings in the program, the supervisor will offer enrollment based on space in the appropriate program. **For new participants there will be a one month trial period to ensure that they are able to successfully meet the requirements of the specific program they are placed in. LCSRA can remove or suspend a participant if they are unable to appropriately participate in the assigned program.**

Location: Annerino Community Center – 201 Recreation Drive, Bolingbrook

Times: 9:00 am – 3:00 pm

Transportation: Plainfield- Ottawa Street Pool 8:30 am / 3:30 pm

Days: Community Cruisers Stars meets Tuesdays/Wednesdays/Thursdays
Community Cruisers Minions meets Tuesdays/Wednesdays/Thursdays
Community Cruisers Bulldogs meets Mondays/Wednesdays/Fridays

If you are interested in the program please contact Carrie Gascoigne at (630) 783-6585 or cgascoigne@lilycachesra.org for additional information

KEEP FOR YOUR RECORDS

Requirements for Participation in LCSRA Community Cruisers Recreational Day Program

Community Cruisers Stars & Minions (Tuesdays/Wednesdays/Thursdays)

Participant Requirements

- Individuals should be 18 years or older and no longer in school
 - Individuals must be able to participate at an independent level that would allow them to be in a group with a 1:4 staff ratio
 - Individuals must display independence in their daily routine
 - Individuals must be able to actively contribute to the group during daily activities
 - Individuals must be able to communicate their needs to staff (verbally or through a communication device)
 - Individuals are expected to demonstrate appropriate interactions with peers, staff, and community members.
 - Individuals must be able to adapt to changes and show flexibility in the program
 - Individuals must be able to physically tolerate a high level of activity, including walking and potentially being outside in various elements
 - Individuals with behavior plans will be re-evaluated quarterly to ensure plan is successful
 - **Individuals must have a current state ID on them at all times while at the program**
-

Community Cruisers Bulldogs (Mondays/Wednesdays/Fridays)

Participant Requirements

- Individuals should be 18 years or older and no longer in school
 - Individuals must be able to participate with support & accommodations with a 1:2 staff ratio
 - Individuals must be able to contribute to the program with support from staff
 - Individuals must be able to demonstrate the ability to engage with peers in an appropriate manner with support from staff
 - Individuals must be able to demonstrate ability to integrate into a community setting with minimal outbursts
 - Individuals must be able to demonstrate the ability to follow a behavior plan
 - Individuals with a behavior plan will be re-evaluated quarterly to ensure plan is successful
 - Individuals must be able to physically tolerate a moderate level of activity throughout the day
 - **Individuals must have a current state ID on them at all times while at the program**
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INDEPENDENT WAIT WAIVER INFORMATION

- Individuals who are placed in the Stars or Minions program may sign off on an independent wait waiver, which means that they have permission to wait independently (without staff supervision) for the program to start or at the end of the program until a parent/guardian/bus can get them
- **Staff must be notified 24 hours prior that the participant will be utilizing the wait waiver, otherwise the family will be fined a late pickup fee.**

COMMUNITY CRUISERS SCHEDULE FOR 2019

Cruisers Stars & Minions will meet on Tuesdays, Wednesdays, and Thursdays

Dates: January 8-December 19, 2019

Pickups/Drop-offs:

PREC: 8:30 am / 3:30 pm Location: Ottawa Street pool, Plainfield

ACC: 9:00 am / 3:00 pm Location: Annerino Community Center, Bolingbrook

Cruisers Bulldogs will meet on Mondays, Wednesdays, and Fridays

Dates: January 7-December 20, 2019

Pickups/Drop-offs:

PREC: 8:30 am / 3:30 pm Location: Ottawa Street pool, Plainfield

ACC: 9:00 am / 3:00 pm Location: Annerino Community Center, Bolingbrook

2019 Early dismissal days/No afternoon Plainfield drop-off

Wednesday, May 8 Talent Show – **NO Plainfield drop-off in PM**

Wednesday, November 13 – Thanksgiving Feast – early pickup / **NO Plainfield drop-off in PM**

2019 Days Off/Holidays Observed

Wednesday, February 20 – staff institute day

Thursday, April 18-Tuesday, April 23 – spring break

Monday, May 27-Tuesday, May 28 – observe Memorial Day

Wednesday, May 29 – staff institute day

Wednesday, July 3-Friday, July 5 – observe Fourth of July holiday

Thursday, August 29-Tuesday, September 3 – observe Labor day

Wednesday, October 16 – staff institute day

Wednesday, November 27-Friday, November 29 – Thanksgiving Holiday

Thursday, December 19 & Friday, December 20 – last day of program

Enrollment for 2020 program will begin the week of December 9, 2019

Program will start the week of January 6-10, 2020

KEEP FOR YOUR RECORDS

COMMUNITY CRUISERS PAYMENT SCHEDULE FOR 2019

- Payment #1 due: *check due with paperwork* **December 21, 2018**
- Payment #2 due: January 25, 2019
- Payment #3 due: February 25, 2019
- Payment #4 due: March 25, 2019
- Payment #5 due: April 25, 2019
- Payment #6 due: May 25, 2019
- Payment #7 due: June 25, 2019
- Payment #8 due: July 25, 2019
- Payment #9 due: August 25, 2019
- Payment #10 due: September 25, 2019
- Payment #11 due: October 25, 2019
- Payment #12 due: November 25, 2019

At this time, the Community Cruisers Recreational Day Program is not eligible for LCSRA scholarship.

| <u>Community Cruisers</u> | <u>Code</u> | <u>Monthly Payment</u> | <u>Cost per year</u> |
|---------------------------|---------------------|------------------------|----------------------|
| Cruisers Stars – T/W/TH | 500420E01/500420E02 | \$340R/\$390NR | \$4080/\$4680 |
| Cruisers Minions – T/W/TH | 500430E01/500430E02 | \$340R/\$390NR | \$4080/\$4680 |
| Cruisers Bulldogs – M/W/F | 500410E01/500410E02 | \$340R/\$390NR | \$4080/\$4680 |

***If fees are not paid within 10 days of the due date, there will be a \$25 fee assessed to the household and suspension from the program will be implemented until the payment is made**

Please note that due to the interest in our program and limited space, all participants enrolled must pay the monthly fees in a timely manner. All enrolled participants are expected to pay the full fee even when there is an extended leave or vacation in order to remain on the roster. Any exceptions must be pre-approved and will be at the discretion of the Therapeutic Recreation Supervisor. Additionally, documentation supporting the reason for absence will be required.

KEEP FOR YOUR RECORD

ANNUAL INFORMATION FORM

Please complete both sides of this form and return to LCSRA. This form must be completed on a yearly basis in order to continue participation in LCSRA programs and events. Please provide thorough answers. The information gathered from this form helps LCSRA to plan events and establish goals for programs. Please notify LCSRA of any changes to this form as the need arises.

Participant Name _____ Age _____ Birthdate ____/____/____ Male _____ Female _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell (____) _____

Parent/Guardian Name(s) _____

Park District _____

Emergency Contact Name _____ Emergency Contact Number (____) _____

Email _____

Emergency Contact Address _____ Relationship _____

Participants School/Work _____ School/Work Phone (____) _____

Disability/Diagnosis _____ Description of Diagnosis _____

Teacher or Case Manager _____ Are you a new participant? _____

Doctor's Name _____ Address _____ Phone (____) _____

Will participant be responsible for self-medication during any programs? YES NO

Will staff need to administer medication during any programs? YES NO

MEDICAL INFORMATION PLEASE CHECK THE APPROPRIATE BOX. IF "YES," PLEASE PROVIDE ADDITIONAL INFORMATION.

Has participant had any injuries or surgeries in the past year that might affect participation? YES NO

If participant has Down Syndrome, have x-rays of the C-1 and C-2 vertebrae been taken and examined? YES NO

Is participant clear of Atlanto Axial Subluxation? YES NO

Is participant subject to seizures? YES NO If yes, please note date of last seizure, type and frequency _____

Does participant have allergies? YES NO If yes, please list _____

Does participant use any of the following: (Answer each item and provide additional comments in the space provided)

Hearing Aid(s) YES NO _____

Corrective Eyewear YES NO _____

Orthopedic or Prosthetic Devices YES NO _____

Manual Wheelchair YES NO _____

Electric Wheelchair YES NO _____

Stroller YES NO _____

Walker YES NO _____

Cane YES NO _____

CONSENT INFORMATION

Transportation Permission YES NO

Permission to Consult With Teacher YES NO

Publicity Photo Permission YES NO

Permission to Consult With Caseworker YES NO

Transport in Wheelchair YES NO

Parent's Signature _____ Date _____

Participant's Signature (over 21) _____ Date _____

DAILY LIVING SKILLS/COMMUNICATION AND BEHAVIOR PLEASE CHECK THE APPROPRIATE BOX. IF

YES, PLEASE PROVIDE ADDITIONAL INFORMATION.

Does participant require assistance with any of the following?

- Eating/drinking YES NO _____
- Toileting YES NO _____
- Dressing/undressing YES NO _____
- Money Handling YES NO _____
- Following Directions YES NO _____
- Orientation to People, Place, Time YES NO _____
- Anticipation of Safety Needs YES NO _____
- Reading YES NO _____
- Writing YES NO _____
- Communication YES NO _____

Check any special toileting supplies that the participant uses:

- Diaper Leg bag Catheter Other (please list) _____

Check any communication tools that the participant uses: American Sign Language Communication Board/Book

Personal Signs/Gestures

Explain use: _____

Does the participant respond to specific behavioral techniques? YES NO _____

Does the participant respond to specific reinforcement devices? (i.e. food, toys, privileges) YES NO _____

Does the participant display unusual fears or concerns? YES NO _____

Please indicate below any other information in regard to daily living skills, communication and behavior that might assist LCSRA staff:

RECREATION PLEASE CHECK THE APPROPRIATE BOX. IF YES, PLEASE PROVIDE ADDITIONAL INFORMATION.

SWIMMING

Does participant require assistance with any of the following?

- Pool Entry YES NO _____
- Submerging Body Parts YES NO _____
- Strokes YES NO _____
- Water Safety Awareness YES NO _____
- Floating YES NO _____

Indicate what type, if any, of floatation device participant owns or will use: _____

Does participant require any of the following swim equipment?

- Ear Plugs YES NO _____
- Nose Plugs YES NO _____
- Other adapted swim equipment YES NO _____

Does participant require any adapted recreation equipment (i.e. bowling ramp)?

YES NO If Yes, please describe _____

Please note in the space below if participant requires a close staff ratio and why: _____

MEDICATION LIST ALL MEDICATIONS TAKEN-EVEN IF NOT TAKEN AT PROGRAM

| Drug Name | Dose | Time | Reason | Side Effects |
|-----------|------|------|--------|--------------|
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I understand that it is my responsibility to give the medication directly to the LCSRA staff with full instructions in individual dosage containers, clearly labeled envelopes or in original prescription bottles. In all cases, medication dispensing can only be changed or modified by amending this form. I hereby acknowledge that the above information regarding medication dispensing is accurate. I also understand that it is my responsibility to inform LCSRA if any changes in the dispensing of medication occurs. 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 LCSRA 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 any participant. In consideration of LCSRA administering medication, I hereby fully release or discharge LCSRA and its officers, agents, employees and volunteers from any and all claims of injury, damages and losses that the participant 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 LCSRA, its officers, agents, employees and volunteers from any and all claims resulting from injuries, damages and losses sustained by the participant and arising out of, connected with, incidental to or in any way associated with the administering of medication.

Parent's Signature _____ Date _____

Participant's Signature (over 21) _____ Date _____

Lily Cache Special Recreation Association

**Community Cruisers Recreational Day Program
Code of Conduct Agreement**

Community Cruisers is designed to provide participants with a safe atmosphere to engage in daily recreational activities. To ensure that this program continues to be safe and fun for those registered there is a code of conduct that needs to be followed. If the following guidelines are not followed, a behavior plan will be implemented in order to continue to participate in the program. **If behaviors continue, LCSRA has the right to remove a participant from the program.**

Code of Conduct

- Participants show respect to all peers, staff, equipment, supplies and facilities.
- Participants refrain from using offensive or profane language, including swearing or sexually harassing others
- Participants refrain from aggressive behavior that could cause bodily harm.
- Participants listen to all rules and instructions given by staff.
- Participants will remain with program and group during the hours of the program
- Stealing of equipment, staff or student’s belongings will not be tolerated

The supervisor as well as the staff will interpret these rules. It is at the discretion of the staff and supervisor to implement the discipline procedures.

Discipline Procedures:

1. Warning
2. Removal from situation and phone call to parent/guardian
3. Meeting with parent/guardian to discuss the implementation of behavior plan
4. Possible suspension from program
5. Possible removal from program

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**LCSRA – Community Cruisers
Code of Conduct Agreement**

Return to Supervisor

Please review the code of conduct with your son/daughter. Sign and return this agreement to the Supervisor with your completed packet.

We have read and agree with the above code of conduct and discipline procedures.

Signed Guardian: _____ Date: _____

Signed Participant: _____ Date: _____



Please identify who has permission to pick up your son/daughter from the program

| Name | Relationship | Phone Number |
|------|--------------|--------------|
|------|--------------|--------------|

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| 5. | | |
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Family Survey

How can LCSRA & the Community Cruisers staff improve or enhance the program to meet the needs of your son/daughter?

Why is your son/daughter enrolled in the LCSRA Community Cruisers day program?

Questions for participants to complete

List five activities/things you would like to do in Cruisers this year

1.

2.

3.

4.

5.

What are 2 personal goals you have that staff can work with you on in the Cruisers program?

1,

2,

What are your chores/responsibilities at home?

Do you have a job? What do you do for your job?

What is your favorite food?

What is your least favorite food?

What is your favorite color?

Do you have siblings? YES NO

If YES, how many & do you live with any of them _____

Do you have any fears that you would like staff to know about?

Think of one new recreational skill you would like to learn. What is it?

Do you have a cell phone? If you do, would you be willing to share your number with staff?

YES Cell phone # _____ NO

Do you have any allergies that staff would need to be aware of? YES NO

If yes, what are you allergic to? _____

Is there anything else you would like staff to know about you?

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 program supervisor in the original prescription bottle (you can request an extra bottle from your pharmacy). 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. Medication will not be administered if the above procedures are not completed

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 cabinet or refrigerator as needed. 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.

Bolingbrook Park District and LCSRA

Permission to Dispense Medication – Waiver and Release of All Claims

The Bolingbrook Park District and LCSRA will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Forms have been fully completed by a parent/guardian. Please review the Park Districts and LCSRA's internal procedures on dispensing medication.

I _____ the parent/guardian of _____

give permission to the staff of Bolingbrook Park District/LCSRA to administer the medications listed below to my child.

I understand it is my responsibility to give the medication directly to the program staff in the original prescription containers.

PARTICIPANTS 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 permission to the Bolingbrook Park District/LCSRA staff 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 for any and all medical services rendered.

Waiver and Release of All Claims

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an 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 Bolingbrook Park District/LCSRA administering medication to my minor child, I do hereby fully release or discharge Bolingbrook Park District/LCSRA, and its officer, agents, volunteers and employees from any and all claims from injuries, damages, and losses I or my minor child may 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/Guardian **Date**

Bolingbrook Park District / LCSRA Medication Dispensing Information

This form must be completed annually, OR if there are changes in medications

DATE COMPLETED: _____

BACKGROUND INFORMATION

Participant's Name: _____ Age: _____

Address: _____

Parent/Guardian's Name: _____

Daytime Phone: _____ Other Phone: _____

Doctor's Name: _____ Phone: _____

MEDICATION INFORMATION

1. Name _____ Dose _____ Time _____
Dispensing & Storage Instructions _____

Possible Side Effects _____

2. Name _____ Dose _____ Time _____
Dispensing & Storage Instructions _____

Possible Side Effects _____

3. Name _____ Dose _____ Time _____
Dispensing & Storage Instructions _____

Possible Side Effects _____

OTHER INFORMATION _____

I understand that it is my responsibility to give the medication directly to program staff with full instructions in an original prescription bottles. In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form. I hereby acknowledge that the above information provided for the dispensing of medication for my minor child is accurate. I also understand that it is my responsibility to inform the Park District if there are any changes in the dispensing of medication.

Signature of Parent/Guardian

Date

INDEPENDENT DEPARTURE FORM

I give permission for _____

To wait independently

To go home independently

To ride with _____

I accept full responsibility for his/her well-being in doing so and relieve LCSRA of any and all liability at the conclusion of each program or activity.

Print Name _____

Signature _____ Date _____

Parent or Legal Guardian