

MEDICATION DISPENSING PROCEDURES

PARENTAL PROCEDURES AND RESPONSIBILITIES

The parent / guardian must:

1. Complete the Permission to Dispense Medication/Waiver and Release of All Claims form (below).
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.

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.

PERMISSION TO DISPENSE MEDICATIONS

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

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

Name _____ Dose _____ Time _____

Dispensing & Storage Instructions _____

Possible Side Effects _____

Name _____ Dose _____ Time _____

Dispensing & Storage Instructions _____

Possible Side Effects _____

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 and in 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 or Guardian _____ Date: _____