

BOLINGBROOK PARK DISTRICT
MEDICATION DISPENSING INFORMATION

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

Participants Name: _____ Age: _____

Address: _____ City/Zip: _____

Parent/Guardians Name(s): _____

Day Phone: _____ Evening Phone: _____

Program Name: _____

Doctor's Name: _____ Phone Number: _____

Medical Information:

1. Medication: _____ Dose: _____ Time: _____

Dispensing and storage instructions: _____

Possible Side Effects: _____

2. Medication: _____ Dose: _____ Time: _____

Dispensing and storage instructions: _____

Possible Side Effects: _____

Other Information: _____

I understand that it is my responsibility to give the medication directly to the program staff 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.

Signature of Parent or Guardian

Date

Please complete the Permission to Dispense Medication Waiver and Release of Claim on the Back!

BOLINGBROOK PARK DISTRICT

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, damage 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 of Guardian

Date