

WAUCONDA PARK DISTRICT

PERMISSION TO DISPENSE MEDICATION WAIVER AND RELEASE OF ALL CLAIMS

The Wauconda Park District will not dispense medication to a minor child or any other participant until the Permission to Dispense Medications and Medication Information Form has been fully completed by a parent or guardian.

- Program Name: _____
- Participant's name: _____ Age: _____ DOB: _____
- Parent's/Guardian's Name (s): _____
- Daytime Phone: _____ Other Phone: _____
 - Family Doctor's Name: _____
 - Phone: _____

MEDICATION INFORMATION:

- #1) Medication name: _____ Dose: _____ Time: _____
- Dispensing & Storage Instructions: _____
- Possible Side Effects: _____
- #2) Medication name: _____ Dose: _____ Time: _____
- Dispensing & Storage Instructions: _____
- Possible Side Effects: _____

Please list any possible side effect of medication and which medication they apply to:

Please list any additional information pertinent to your child's medication:

I, _____, the parent/guardian of _____ give permission to the Staff of the Wauconda Park District to administer the above medication to my child.

I understand it is my responsibility to give the medication directly to the program staff in the original dosage containers clearly labeled with the following information: Pharmacy's name, doctor's name, patient's name, type of medications, strength, and 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 Wauconda 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.

In consideration of the Wauconda Park District administering medication to my minor child, I do hereby fully and forever release and discharge the Wauconda Park District and its officers, agents, servants and employees from any and all claims I may have as a result of the Wauconda Park District Staff assisting in the administering of medication to by minor child.

Parent/Guardian Signature _____ Date: _____