

**Glenview Park District
Permission To Dispense Medication
Waiver and Release of All Claims**

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

The Glenview Park District will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed and signed by a parent or guardian. The agency's internal procedures on dispensing medication are available for review.

NAME OF CHILD: _____ **CHILD'S AGE:** _____

NAME OF PROGRAM _____ **DATE:** _____

DOCTOR'S NAME & PHONE: _____

I _____ the parent/guardian of _____
(Print Child's Name)

hereby give permission to the staff of the Glenview Park District to administer to my child the medications listed below.

I understand it is my responsibility to give the medication directly to the program staff with full instructions in individual dosage containers, original prescription containers, or envelopes clearly labeled with the CHILD'S NAME, NAME OF MEDICINE, COMPLETE DOSAGE INSTRUCTIONS. Please list below the requested medication information:

1. Name of Med.: _____ Dose: _____ Time: _____
Dispensing & Storage Instructions: _____
Possible Side Effects: _____
If medication is not dispensed on time, staff should do the following: _____

2. Name of Med.: _____ Dose: _____ Time: _____
Dispensing & Storage Instructions: _____
Possible Side Effects: _____
If medication is not dispensed on time, staff should do the following: _____

In no case will the recommended dosage of any medication be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Glenview 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.

I recognize and acknowledge that there are certain risks of illness, side effects, complications, or physical injury in connection with the administering of medication to my minor child. In consideration of the Glenview Park District administering medication to my minor child, I do hereby fully release or discharge the Glenview Park District, and its officer, 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 Glenview Park District, and its officers, agents, volunteers and employees of the Glenview Park District 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.

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 if any changes in the dispensing of medications change.

Signature of Parent or Guardian

Date