



VILLAGE OF ORLAND PARK RECREATION DEPARTMENT  
**PROGRAM MEDICATION AUTHORIZATION FORM**

If your son/daughter takes medication, please read and complete this form in its entirety.

CHILD'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

EMERGENCY PHONE NUMBERS

\_\_\_\_\_ (RELATION TO CHILD)

\_\_\_\_\_ (RELATION TO CHILD)

PROGRAM NAME \_\_\_\_\_

- Medication will not be dispensed without a signed Medication Form.
- Each week please supply a week's worth of medication to be kept at camp.
- Medicine **must** be sent in single doses, each in its own sealed envelope.
- The medication information below must be printed on each envelope.

To be completed by the child's parent:

	FIRST MEDICATION	SECOND MEDICATION
Name of Medication	_____	_____
Dose and Quantity	_____	_____
Prescription Number	_____	_____
Pharmacy Name	_____	_____
Pharmacy Number	_____	_____
Time to Administer	_____	_____
Special Instruction	_____ _____	_____ _____
Doctor's Name	_____	_____
Doctor's Phone Number	_____	_____

I hereby authorize the Village of Orland Park and its employees and agents, in my behalf and stead, to administer or attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees of the Village of Orland Park Camp Program), lawfully prescribed medication in the manner described above during camp. I ACKNOWLEDGE THAT IT MAY BE NECESSARY FOR THE ADMINISTRATION OF MEDICATION TO MY CHILD TO BE PERFORMED BY AN INDIVIDUAL OTHER THAN A NURSE OR HEALTH AIDE (i.e. COUNSELOR), AND SPECIFICALLY CONSENT TO SUCH PRACTICE. I further acknowledge and agree that, when lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the Village of Orland Park, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the Village of Orland Park, its employees and agents, either jointly or separately, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_