

**Round Lake Area Park District**  
**AUTHORIZATION FOR ADMINISTERING MEDICATION**

The Round Lake Area Park District/SRSNLC 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 by a parent or guardian. The agency's internal procedures on dispensing medication are available for review.

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender: ☐ M ☐ F

***To Be Completed By Physician:***

Diagnosis \_\_\_\_\_

Medication (Trade Name) \_\_\_\_\_ Prescription Number \_\_\_\_\_

Date of Order \_\_\_\_\_ Duration of Order \_\_\_\_\_

Interval of Repeating Dosage \_\_\_\_\_

Dosage \_\_\_\_\_ Time \_\_\_\_\_

Symptoms of Condition \_\_\_\_\_

Other medication child is taking \_\_\_\_\_

Physician's Name (Print) \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_

give permission to the staff of the Round Lake Area Park District/SRSNLC to **administer to my child** (name of medication) \_\_\_\_\_

I understand it is my responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with participant's name, name of medication 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 my permission to the Round Lake Area Park District/SRSNLC 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.

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

**WAIVER AND RELEASE OF ALL CLAIMS FOR ADMINISTERING MEDICATION**  
**WAIVER AND RELEASE OF ALL CLAIMS AND INDEMNIFICATION**

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 Round Lake Area Park District/SRSNLC administering medication to my minor child, I do hereby fully release or discharge the Round Lake Area Park District/SRSNLC, and its officers, 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.

PLEASE PRINT.

Participant's Name \_\_\_\_\_

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

PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF PARENT/GUARDIAN AND DATE ARE NOT ON THIS WAIVER.