



Park District Medicine Packet

Everything you need to know and all the forms you need if your child needs medicine at a Park District camp or program, has allergies, or has other medical concerns.

Included in this packet

1. Medication Dispensing/Administration Information and Process for Parents and Legal Guardians
2. Permission to Dispense Medication Form
3. Waiver and Release of All Claims and Indemnification Form
4. Waiver and Release of All Claims for Self-Administration Form of Inhaler or Auto-Injector
5. Medical Emergency Action Plan Form
6. Emergency Calls Form

Medication Dispensing/Administration Information and Process for Parents and Legal Guardians

We make reasonable accommodations in our programs and camps for individuals with disabilities, including staff dispensing or administering medication in appropriate instances. All requests for medication dispensing or administration will be evaluated on a case-by-case basis by the Park District.

With respect to medication dispensing or administration, we will use the process below. If you should have any questions regarding the process, please feel free to contact our Superintendent of Recreation or our ADA Compliance Officer.

Parental Procedures and Responsibilities:

Whenever possible, medications should be dispensed or administered by parents or guardians before or after programs and camps. Please note that Park District does not have medical providers (e.g., licensed medical professionals such as doctors, nurses, etc.) on staff. In some circumstances, the administration of medication cannot be performed by Park District staff because of specific and /or complex physician or manufacturer instructions, because a request requires medical diagnosis or judgment from our lay staff, and/or because the medication requires invasive procedures.

Your request for medication dispensing/administration will be reviewed on a case-by-case basis and assigned staff will follow-up with you regarding any questions or regarding any requests that cannot be accommodated, including providing you with the reasons the request(s) cannot be accommodated.

If there is a need for the dispensing/administration of medication during a minor's participation in a District program, the parent/guardian must:

1. For the Park District to analyze your request for the dispensing or administration of medication, the following forms, which are available on the Park District's electronic portal (ePACT), must be filled out and submitted:
 - Participation Information Form
 - Permission to Dispense/Administer Medication Form
 - Waiver of All Claims Form
 - Waiver and Release of All claims for Self- Administration of Inhaler or Auto Injector Form (if applicable). Please note: This form is only filled out and submitted when parents/guardians are making a request that their child be allowed to carry an inhaler or auto-injector with themselves and self-administer to themselves as needed.
 - Medical Emergency Action Plan (if applicable)
2. Submit forms on ePACT or deliver forms via email or during office hours the program/camp Coordinator or Supervisor. If delivered in person, confirmation of receipt of forms will be sent via phone call or email to parent or guardian by appropriate program/camp supervisor.

3. Please allow for at least three (3) business days for forms to be processed. With more complex requests for medication dispensing or administration, we ask that you make the request as soon as possible after registration to give the Park District time to engage in an interactive process with you if more information, documentation, and/or staff training is needed.
4. If the participant has Allergy Action Plan on file, the Park District staff supervisor will call the parent or guardian to formalize the plan. If the participant has a moderate to severe allergy but no Allergy Action Plan on file, the parent/guardian will need to complete the Allergy Action Plan and submit it to the Park District, at which point the Park District staff supervisor will call the parent or guardian to formalize the plan.
5. Medication must be brought to the Park District in the original prescription bottle or in clearly marked containers, which include the participant's name, medication name, dosage, any related requirements (e.g., the medication should be taken with food, or kept in a refrigerator, etc.), and time of day the medication is to be given. Medication must be dropped off at the participant's designated program site prior to the first day of the program or be brought the first day of participation. The following is a list of designated staff to drop-off medication to:
 - Camp: Camp Site Coordinator or Recreation Supervisor in charge of Camp
 - Preschool: Preschool Teacher or Recreation Supervisor in charge of Preschool
 - Nature Preschool: Preschool Teacher or Recreation Supervisor in charge of Nature Preschool
 - Before and After Care: Site Coordinator or Recreation Supervisor in charge of Before & After Care

Please note: If you are requesting Park District staff to assist in the administration of a medication and/or to carry a medication on behalf of a participant, you will be required to drop the medication off at the participant's designated program site, and the medication will be kept by the Park District for the duration of the program.

6. Advise the Park District in writing, of any specific instructions regarding the dispensing, administration or storage of medication.
7. All applicable medication forms must be completed for each program / camp season.
8. Unused medication will be returned to the participants' parents/guardians at the end of the program or camp.
9. Requests for changes to a particular participant's medications and/or medication dispensing/administration process need to be submitted in writing to the appropriate program/camp supervisor.
10. If you have any questions about this process or specific medication needs, please contact the Park District's Recreation Program Division Manager, Julie Greve, at jgreve@prparks.org.



Permission to Dispense Medication

The Park Ridge Park District will not dispense medication to a minor child or other participants until the Permission to Dispense Medication Waiver and Release of All Claims has been fully completed by a parent or guardian.

Participant Name: _____ Name of Program: _____

Physician Name: _____ Emergency Number: _____

Parent/Emergency Contact: _____ Phone Number: _____

Medication Information:

1-Name of medication: _____ Dose: _____ Time of Day: _____

Medication Form (Circle all that apply) Tablet Capsule Liquid Injection Other: _____

Dispensing Instructions: _____ Date(s) to be administered From: _____ to: _____

Possible Side Effects: _____

Medication Storage Requirements: _____

2-Name of medication: _____ Dose: _____ Time of Day: _____

Medication Form (Circle all that apply) Tablet Capsule Liquid Injection Other: _____

Dispensing Instructions: _____ Date(s) to be administered From: _____ to: _____

Possible Side Effects: _____

Medication Storage Requirements: _____

Is your child allowed to dispense his/her own medication: ☐ Yes ☐ No

Is your child allowed to carry his/her own medication: ☐ Yes ☐ No

If yes, will he/she need to be reminded to take the medication: ☐ Yes ☐ No

I _____ the parent/guardian of _____
(Parent/Guardian Name) (Participant Name)

give permission to the staff of the Park Ridge Park District to administer/dispense medication to my child. I understand it is my responsibility to provide and give the medication directly to the program staff in individual daily doses in the original prescription container or an individual dosage container. In all cases the recommended dosage of any medication will not be exceeded. If after administering/dispensing medication there is an adverse reaction, I give my permission to the Park Ridge 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.

Signature of Parent or Guardian

Date

*IMPORTANT NOTE: District staff has no medical training and will not perform invasive medical procedures



Waiver and Release of All Claims and Indemnification

I recognize and acknowledge that there are certain risks of physical injury in the connection with the administering/dispensing of the medication to any minor child. Such risks include, but are not limited to, failing to properly administer/dispense 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 the consideration of the Park Ridge Park District administering/dispensing medication to a minor child, I do hereby fully release or discharge the Park Ridge Park District, and its officers, agents, volunteers and employees from any and all claims of injuries, damages and losses I or my child may have, arising out of, connected with, incidental to, or in any way associated with the administering/dispensing of medication. I further agree to indemnify, hold harmless and defend the Park Ridge Park District and its officers, agents, volunteers and employees 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/dispensing of medication. The Park Ridge Park District is not responsible for any medicine that remains after the completion of the program.

I have read and fully understand the above waiver and release of all claims and indemnification.

Participant's Name: _____

Parent's/Guardian's Name: _____

Signature of Parent or Guardian _____ Date _____

Waiver and Release of All Claims for Self-Administration of Inhaler or Auto-Injector

This form is to be completed only when a parent or guardian authorizes his/her child to self-administer a prescribed inhaler/auto-injector. If a parent or guardian does not choose to authorize his/her child to self-administer an inhaler or auto-injector but wants Park District personnel to dispense or assist with administration, they must complete the Medication Information form and the Permission to Dispense/Administer Medication and Waiver and Release of All Claims form authorizing staff to dispense these medications.

Waiver And Release Of All Claims And Indemnification

Please read this form carefully and be aware that pursuant to the Illinois Asthma Inhalers at Recreational Camps Act, 410 ILCS 607/1 *et seq.*, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain in connection with the possession, self-administration, or use of medication, including, but not limited to the use of an epinephrine auto-injector or inhaler at the camp or at any camp-sponsored activity, event, or program, except for claims arising out of the willful and wanton conduct of the Park District.

As parent/guardian of the below identified participant, I verify and attest that my child/ward has the knowledge and skills to safely possess, self-administer, and use an epinephrine auto-injector or inhaler in a camp setting. I also recognize and acknowledge that there are certain risks of physical injury to the participant's possession, self-administration, or use of medication, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said possession, self-administration, or use of medication. 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.

I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of or arising out of the possession, self-administration, or use of medication against the Park District, including its officials, agents, volunteers and employees, except for claims arising out of the willful and wanton conduct of the Park District.

I further agree to protect, indemnify, save, defend and hold harmless the Park District from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs and expenses (including reasonable attorney fees) for which the Park District may become obligated by reason of the possession, self-administration, or use of medication, except to the extent caused by the willful and wanton conduct of the Park District.

I have read and fully understand the above waiver and release of all claims and indemnification.

Participant's Name: _____

Parent's/Guardian's Name: _____

Signature of Parent or Guardian _____ Date _____



Park Ridge Park District Medical Emergency Action Plan

All medication must be in clearly labeled original or individual dosage containers. This form along with the Permission to Dispense Medication Waiver and Release Form must be completed for each session or if medication changes. The Park Ridge Park District does not employ any nurses or other staff who are licensed, certified or trained to provide medical diagnoses or care to patrons. We will generally assist with the self-administration of medication (reviewing each particular request on a case-by-case basis), but we do not allow staff to diagnose medical situations or perform invasive or complex emergency medical procedures.

Participant's Name: _____ Birth Date: _____ Program: _____

☐ Food Allergy ☐ Environmental Allergy ☐ Asthma ☐ Diabetes ☐ Seizure ☐ Other _____

Medical Diagnosis: _____

Doctor's Name _____ Doctor's Phone _____

If the following Symptoms/Reactions are noticed:

- If a food allergen has been ingested, but no reaction:
- **Throat*** - Reported tightening, hoarseness, hacking coughing:
- **Lung*** - Shortness of breath, repetitive coughing, wheezing:
- **Heart*** - Fainting, pale, blueness:
- Head – Reported Blurred vision, headache:
- Mouth – Reported itching, dry, tingling, or swelling of lips, tongue:
- Skin – Hives, itchy rash, swelling of the face or extremities:
- Gut – Reported nausea, abdominal cramps, vomiting, diarrhea
- Feels – Dizzy, tired/weak, shaky, anxious, mood change, thirst:
- If reaction is progressing (several of the above areas affected,) give:
- **Other*** _____
- Other _____
- Other _____

*Potentially life-threatening

Staff Should Give Indicated Medication or list Other Medication

- | | | |
|--------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> _____ |
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| <input type="checkbox"/> _____ | | <input type="checkbox"/> _____ |

Epinephrine: (circle one) EpiPen EpiPen Jr AuviQ

Detailed Directions (Medication/Dose/Route): _____

Antihistamine: Medication Name: _____ Dose: _____ Medication Form: _____

Other Medication Name: _____ Dose: _____ Medication Form: _____

Other Medication Name: _____ Dose: _____ Medication Form: _____

EMERGENCY CALLS

In the case of Medical Emergency or an allergic reaction that requires the assistance or administration of epinephrine by staff, the following response plan will be adhered to. Staff will:

Call 911 and state their belief that an allergic reaction in the child may be occurring.

1. Administer the prescribed dose of approved medication.
2. Contact parents/guardians and Emergency Contacts.
3. Provide Medical Emergency Action Plan to paramedics.

Emergency Contacts

In the case of medical emergency, contact the following Emergency Contacts. If they do not answer, staff will call Emergency Contacts listed on Epact.

(First Emergency Contact Name)

(Emergency Contact Number)

(Second Emergency Contact Name)

(Emergency Contact Number)

ADDITIONAL INFORMATION FOR RESPONDING PARAMEDICS

Is there any additional information about which responding paramedics should be aware?

I _____ the parent/guardian of _____ have filled out the
(Parent/Guardian Name) (Participant Name)

Medical Emergency Action Plan to the best of my ability with the current knowledge I have of my child's medical needs.

Signature of Parent or Guardian

Date