

# 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 and Waiver to Dispense Medication and Medication Information Form* has been fully completed by a parent or guardian.

- Program Name: \_\_\_\_\_
- Participants Name: \_\_\_\_\_ Age: \_\_\_\_\_
- Address: \_\_\_\_\_
- Parent's/Guardian's Name(s): \_\_\_\_\_
- Daytime Phone: \_\_\_\_\_ Cell 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/legal guardian of \_\_\_\_\_,  
give my 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 name, Doctor's name, patient's name, type of medication, strength and dose 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 my minor child.

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