



**NORTHBROOK PARK DISTRICT**  
**Recreation Division**  
**PERMISSION TO DISPENSE MEDICATION**  
**WAIVER AND RELEASE OF ALL CLAIMS**

The Northbrook Park District will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication have been fully completed by a parent or guardian.

Participant Name: \_\_\_\_\_ Name of Program: \_\_\_\_\_  
Physician Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

**Medication Information (One form per medication)**

Name of Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Time of Day: \_\_\_\_\_

How is the medication taken? (Circle all that apply):

**Whole   Chewed   With Food   With Water   Other** (please specify): \_\_\_\_\_

**Possible Side Effects:** \_\_\_\_\_

---

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
(Parent/Guardian Name) (Participant Name)

give permission to the staff of the Northbrook Park District to administer medication to my child. 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 the following information. 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 Northbrook 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 physical injury in connection with the administering of medication to my minor child. In consideration of the Northbrook Park District administering medication to my minor child, I do hereby fully release or discharge the Northbrook Park District, and its officers, 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 Northbrook 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 of medication. The Northbrook Park District is not responsible for any medicine that remains after the completion of the program.

---

Signature of Parent or Guardian

---

Date