



ROSELLE PARK DISTRICT

Medication Information

This form must be completed for each program session or when medication changes.

BACKGROUND INFORMATION

Participant's Name: _____ Age: _____

Address: _____

Parent/Guardian's Name: _____

Daytime Phone: _____ Other Phone: _____

Program Name: _____

Doctor's Name: _____ Phone: _____

MEDICATION INFORMATION (One form per medication)

Medication Name: _____ Dose: _____ Time: _____

How is the medication taken or dispensed/administered? (Circle all that apply)

Whole **Chewed** **With Food** **With Water** **Other:** _____

Dispensing/Administration & Storage Instructions: _____

Possible Side Effects: _____

Other Information (Describe in detail what is being requested of the Park District Staff in the dispensing/administration of the medication):

Will the participant be self-administering an inhaler or auto-injector? (Circle one) Yes* No

**If selecting yes and the participant will be self-administering using either an inhaler or auto-injector, you must also complete the Waiver and Release of All Claims for Self-Administration of Inhaler or Auto-Injector form.*

If self-administering an inhaler or auto-injector, will the participant be carrying the medication? (Circle one)

Yes, the participant will self-carry

No, it will be stored with Park District staff

I understand that it is my responsibility to give the medication directly to program staff with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles.

In all cases, medication dispensing/administration can only be changed or modified by completing another Medication Information form and Permission to Dispense/Administer Medication and Waiver and Release of All Claims form.

I hereby acknowledge that the above information provided for the dispensing/administration of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing/administration of medication change.

Signature of Parent or Guardian

Date

If you have any questions or need further assistance, please reach out to the District's ADA Compliance Officer or the Superintendent of Recreation at (630) 894-4200