

WOODRIDGE PARK DISTRICT
Permission to Dispense Medication and
Medication Waiver and Release of All Claims

The WOODRIDGE PARK DISTRICT will not dispense medication to a minor child or other participant until all *Medication Dispensing Information* has been completed through the secure, ePACT Network and the *Permission to Dispense Medication and Medication Waiver and Release of All Claims* have been fully completed by a parent or guardian. The agency's internal procedures on dispensing medication are available for review.

I understand it is my responsibility to give any and all medication directly to the program staff in original prescription containers or purchased packaging, clearly labeled with the participant's first and last name.

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 WOODRIDGE 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 all cases, medication dispensing information can only be changed or modified by editing/updating information in my secure, ePACT Network account. In the event that changes or modifications have been made, I understand it is my responsibility to resubmit an updated *Permission to Dispense Medication and Medication Waiver and Release of All Claims* form through my ePACT Network account.

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 WOODRIDGE PARK DISTRICT administering medication to my minor child, I do hereby fully release or discharge the WOODRIDGE PARK DISTRICT, and its officer, 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.

I hereby acknowledge that the information provided for the dispensing 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 of medication change.

PARTICIPANT'S NAME: _____

NAME OF MEDICATION(S) BEING DISPENSED/ADMINISTER:

Signature of Parent or Guardian

Date



(Updated April 2016)