Oak Lawn Park District
FLASH Program
Medication Authorization

Participant's Name: _____ Age: _____ School: _____

MEDICATION INFORMATION

Name of Medicine: _____

Dosage: _____ Time:_____ Route/Form: _____

Dates to be Administered: From: _____ To: _____

Dispensing & Storage Instructions: _____

Reason for medication and/or intended effect: _____

Possible Side Effects: _____

ASTHMA, ALLERGY, OR DIABETIC MEDICATION ONLY E.G. Inhalers, Epi-Pen, Insulin, etc.

1. Student may carry medication on his/her person ( ) Yes ( ) No
2. Student may self-administer medication ( ) Yes ( ) No
   (We recommend that "back up" medication be stored in Clubhouse as well)

Directions for self-administration_____

Physician's Name (Print):_____ Address/Office Stamp

Physician's Signature: _____ Date:_____ Phone: _____

Over-the-counter medication must be in the manufacturer labeled container.
Prescription medication MUST be in the original prescription bottle.

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Waiver and Release of All Claims and Assumption of Risk

I understand that it is my responsibility to give the medication directly to program staff. In all cases, medication dispensing can only be changed or modified by completing another Medication Authorization Form. I also understand that it is my responsibility to inform the Oak Lawn Park District if any changes in the instructions for dispensing of medication occur.

I recognize and acknowledge there are certain risks of physical injury (including death) in connection with the administration of medication to my child/ward 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 the administration of said medication (including, failure to administer the medication). Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, and failing to recognize or adequately address an adverse reaction or emergency medical situation. I do hereby fully release and discharge the Oak Lawn Park District, including its employees and agents, from any and all claims from injuries, damages and losses I or my minor child/ward may have (or accrue to me or my minor child/ward), and arising out of, connected with, incidental to, or in any way associated with the administration of medication. .

_____ _____
Signature of Parent or Guardian Date

_____
Printed Name of Parent or Guardian