



## Dispensing of Medication Form

### Parental Procedures and Responsibilities

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The parent/guardian **must**:

1. Complete the Permission To Dispense Medication/Waiver and Release of All Claims form;
2. Complete and sign the Medication Dispensing Information form;
3. Deliver all medication to the agency office in the original prescription bottle or in clearly marked containers which include the person's name, medication, dosage, and time of day medication is to be given;
4. Verbally communicate with agency staff regarding specific instructions for medication.

### Staff Medication Dispensing Procedures

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Agency program staff **must**:

1. Ensure that the Permission and Waiver to Dispense Medication Form and Medication and Dispensing Information Form are fully completed and signed by the parent/ guardian prior to the dispensing of any medication;
2. Ensure that only authorized staff accept medication which may include the executive director, superintendent of recreation, safety coordinator, program coordinator, recreation specialist, registrar, secretary or other designated staff;
3. Verbally communicate with the parent or guardian regarding any specific instructions regarding the dispensing or storage of the medication. It is also the responsibility of the authorized staff who receive medication to properly store medication in a locking cabinet or in a refrigerator as needed. **It is extremely important that stored medication is out of the reach of other patrons and particularly children.**
4. Obtain copies of all waivers, internal procedures, medical information forms, and medication logs when obtaining the prescription medication to be transported to the program site. All medication stored at a program site must be secured and only available to authorized program staff.
5. Program staff responsible for dispensing medication must strictly follow all written instructions on the medical information form, individual dose envelopes, and any information contained on original prescription container labels. In the event that conflicting dispensing information exists, medication should not be administered until the parent, guardian, or physician are reached by phone to obtain specific instructions.
6. Unless otherwise arranged, only paid and trained agency staff will be allowed to dispense medication.
7. Agency staff responsible for dispensing medication will fully complete the medication information contained on the medication log form. Medication dispensing logs should be completed until medication dispensing has ceased and completed medication logs should be turned into the agency's office and kept in a permanent file for at least three years at the conclusion of the program.

**Medication Dispensing Information**

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

**BACKGROUND INFORMATION:**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's/Guardian's Name(s) \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Program Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICATION INFORMATION:**

1. Name \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

2. Name \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

3. Name \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.

I hereby acknowledge that the above 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.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Downers Grove Park District Permission to Dispense Medication Waiver and Release of All Claims**

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The \_\_\_\_\_ will not dispense medication to a minor child or other Downers Grove Park District participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian. The agency's internal procedures on dispensing medication are available for review.

Name of Program: \_\_\_\_\_ Date: \_\_\_\_\_

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
(Print Name) (Print Name)

give permission to the staff of the Downers Grove Park District Staff to administer to my child \_\_\_\_\_  
(Name of Medication)

**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:**

Participant's Name: \_\_\_\_\_

Name of medicine and complete dosage 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 Downers Grove Park District Staff 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.

**Waiver & Release of all Claims**

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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 Downers Grove Park District administering medication to my minor child, I do hereby fully release or discharge the Downers Grove 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.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_