Medication Dispensing Form

Type of Medication: ☐ Daily ☐ Emergency (check one)

Name of Child:			
Purpose of Medication:			
Medication Name:		Expiry Date:	
Date Prescribed			
Time of last dose:			
Times to Administer Daily Medication:			
When to Administer Emergency Medication:			
Dosage:			

***The label from the pharmacy must be attached to the medication. ***

Medication Location	☐ To be kept on site	☐ Sent Home Daily
Medication Storage	☐ Refrigerate	☐ Room Temperature
Are their side effects to the medication?	☐ Yes ☐ No	If Yes, please describe:

I hereby authorize the Alsip Park District employees and agents, on my behalf to allow my child to self-administer, lawfully prescribed medication in the manner described above during the programs, while under supervision of the employees of the Alsip Park District Program. I ACKNOWLEDGE THAT IT MAY BE NECESSARY FOR THE ADMINISTRATION OF THE MEDICATION TO MY CHILD TO BE PERFORMED BY AN INDIVIDUAL OTHER THAN A NURSE OR HEALTH AIDE, AND SPECIFICALLY CONSENT TO SUCH A PRACTICE. I further acknowledge and agree that, when lawfully prescribed medication is so administered or attempted to be administered, I waive any claim I might have against the Alsip Park District, its employees and agents arising out of administration of said medication. In addition, I agree to hold harmless and indemnify the Alsip Park District, it employees and agents, either jointly or separately, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

- If the child carries their own Medication (eg. Puffer) a note from a legally qualified medical practitioner or a nurse registered under the Health Disciplines Act should indicate that the child may carry and administer their own Puffer medication. A copy of the doctor's note will be kept on file.
- Each medication requires a separate medication form (eg. 2 Puffers require 2 forms)

Parent Name: _____

Signature: _____ Date: _____