

2527.2 PERMISSION TO DISPENSE MEDICATION

Waiver & Release of All Claims

(Use One Permission Form for *each* Medication to be Dispensed)

The Bartlett Park District shall not dispense medication to a minor child or other participant until the *Permission to Dispense Medication (Waiver and Release of All Claims) form (#2527.2)* and *Medication Dispensing Information form (#2527.1)* have been fully completed by a parent or guardian. The District's internal procedures on dispensing medication are available for review.

Name of Program: _____ Date: _____

I, _____ the parent/guardian of _____
 (Parent/Guardian's Printed Name) (Participant's Printed Name)

_____ hereby give permission to the staff of the Bartlett Park District to administer

to my minor child, guardian, ward, or other family member the following named medication: _____

_____ for his/her condition of _____.

PARENT/GUARDIAN'S STATEMENT

I understand it is my responsibility to give the medication directly to the program staff in individual dosage containers, or in clearly labeled envelopes, or in original prescription containers and to complete the *Medication Dispensing Information form (#2527.1)* showing the following information: Participant's name, name of medication, complete dosage instructions listing dosage amounts and time of administering, and any possible side effects.

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 Bartlett Park District to secure from any licensed paramedic, 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.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child, guardian, ward, or other family member. In consideration of the Bartlett Park District administering medication to my minor child, I do hereby fully release or discharge the Bartlett Park District, its officers, agents, volunteers, and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend the Bartlett Park District, its officers, agents, volunteers, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

 Signature of Parent or Guardian

 Printed Name

 Date

Date Approved by Executive Director: _____ 05/2013
 Director's Signature: _____ *Rita Fletcher*
 Revised/Reviewed Date: 10/08/01, 06/23/04, 8/2008, 11/2010, 08/15/12, 05/22/13