

Park District of Franklin Park
Permission to Dispense Medication
Waiver and Release of All Claims

(fill this form out ONLY if your camper will bring medication to camp)

The Park District of Franklin Park will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medical Dispensing Information Form has been fully completed by a parent or guardian. This includes both prescription and over-the-counter medication.

For safety reasons medication must be in the original prescription bottle with dosage and child's name clearly specified. In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form. Verbal approval is not acceptable.

I, _____, the parent/guardian of _____
(Parent Name) (Child's Name)

give permission to the staff of the Park District of Franklin Park to administer to my child the following medication:

1. Medication _____ Dose: _____ Time: _____

Dispensing and Storage instructions: _____

Possible Side Effects: _____

2. Medication _____ Dose: _____ Time: _____

Dispensing and Storage instructions: _____

Possible Side Effects: _____

Must sign acknowledgement on the following page

(Permission to Dispense Medication Waiver & Release Continued...)

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.

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 by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. In consideration of the Park District of Franklin Park administering medication to my minor child, I do hereby fully release or discharge the 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 further agree to indemnify, hold harmless and defend the Park District of Franklin Park and its officers, agents, volunteers and employees from 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

Date