



## MEDICATION DISPENSING PERMISSION FORM

The Prospect Heights Park District will not dispense medication to a minor child or other participants until this Medication Dispensing Permission form has been fully completed by a parent/guardian. In all cases, medication dispensing can only be changed or modified by completing another Medication Dispensing Permission Form.

Program Name: \_\_\_\_\_ Program Dates: \_\_\_\_\_  
I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
(Print Parent's Name) (Print Child's Name)

give permission to the staff of the Prospect Heights Park District to administer to my child the following medications.

1. Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_  
Dispensing & Storage Instructions: \_\_\_\_\_

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

2. Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_  
Dispensing & Storage Instructions: \_\_\_\_\_

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

3. Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_  
Dispensing & Storage Instructions: \_\_\_\_\_

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

**I understand it is my responsibility to give the medication directly to the program staff with full instructions in individual dosage containers, original prescription containers, or clearly labeled envelopes.**

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give permission to the Prospect Heights Park District 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**

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 Prospect Heights Park District administering medication to my minor child, I do hereby fully release or discharge the Prospect Heights Park District, and it's 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 Prospect Heights Park District, and it's 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.

Parent/Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_