

Morton Grove Park District

MEDICATION DISPENSING INFORMATION FORM

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

All medications must be in their original clearly labeled containers.

BACKGROUND INFORMATION:

Participant's Name: _____ Age: _____

Address: _____

Parent's/Guardian's Name(s): _____

Daytime Phone: _____ Other Phone: _____

Doctor's Name: _____ Phone: _____

Program Name: _____

MEDICATION INFORMATION:

1. Name: _____ Time: _____ Dosage: _____

Type: Tablet Capsule Liquid Other

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

Is your child allowed to dispense their own medication? Yes No

Is yes, will they require a reminder to take prescribed medication? Yes No

2. Name: _____ Time: _____ Dosage: _____

Type: Tablet Capsule Liquid Other

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

Is your child allowed to dispense their own medication? Yes No

Is yes, will they require a reminder to take prescribed medication? Yes No

Medication Information Cont.

3. Name: _____ Time: _____ Dosage: _____

Type: Tablet Capsule Liquid Other

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

Is your child allowed to dispense their own medication? Yes No

Is yes, will they require a reminder to take prescribed medication? Yes No

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 Morton Grove Park District if any changes in the dispensing of medication change.

Signature of Parent or Guardian

Date

Morton Grove Park District

**PERMISSION TO DISPENSE MEDICATION AND
WAIVER AND RELEASE OF ALL CLAIMS**

The Morton Grove Park District will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian. The Morton Grove Park District'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 Morton Grove Park District 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 Morton Grove 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.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child/ward. 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 Morton Grove Park District administering medication to my minor child/ward, I do hereby fully release or discharge the Morton Grove Park District, and its officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child/ward may have (or accrue to me or my minor child/ward), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

Parent or Guardian's Signature

Date

Morton Grove Park District

INTERNAL MEDICATION DISPENSING PROCEDURES

The American's With Disabilities Act obligates park districts, special recreation associations, and forest preserve districts to make reasonable accommodations for persons with special needs who will be participating in our park and recreation programs. One of the most common and reasonable requests is to assist a participant in taking medication during a program session when they do not have the ability to do it on their own. This has been a standard practice in special recreation associations for some time. Park districts are now seeing many persons with special needs entering park district programs. Due to potential liabilities, the Morton Grove Park District has formulated these specific guidelines and policy to be followed in the event that dispensing of medication is requested by a patron. These guidelines will ensure that medication is dispensed in a safe and efficient manner. The Morton Grove Park District's Medical Dispensing Program will only be used when it is absolutely necessary to administer medication to a child or patron during program hours.

I. Parental Procedures and Responsibilities

The parent/guardian must:

- Complete the Permission and Waiver to Dispense Medication Form.
- Complete and sign the Medication and Dispensing Information Form.
- Deliver all medication to the Morton Grove Park District office in the original prescription bottle or in clearly marked containers which include the participant's name, medication, dosage, and time of day medication is to be given.
- Verbally communicate with Morton Grove Park District staff regarding specific instructions for medication. Parents should communicate any severe adverse reactions that may occur to another child, for whom the epinephrine auto-injector or inhaler is not prescribed, should the other child receive a dose of medication.
- Parents or guardians should attempt to medicate persons prior to entering the program.
- Participants are encouraged to dispense their own medication.

II. Staff Medication Dispensing Procedures

Morton Grove Park District staff must:

- 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.

Medication Dispensing Procedures Cont.

- Ensure that only authorized staff accept medication which may include the Director, Recreation/Facilities Manager, Safety Coordinator, Program Coordinator, Recreation Supervisor, Human Resources Coordinator or other designated staff.
- 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 participants and particularly children.
- 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 the program site must be secured and only available to authorized program staff.
- Program coordinators or supervisors 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.
- Authorized staff will be cross-trained in the administration of medication consisting of auto-injectors or inhalers. The participant may be unable to effectively or safely self-administer the medication. Staff must be ready and able to assist in the administration of the medication.
- Unless otherwise arranged, only paid and trained Morton Grove Park District staff will be allowed to dispense medication (No volunteers, staff who are minors, etc.).
- Morton Grove Park District 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 Morton Grove Park District office and kept in a permanent file for at least one year at the conclusion of the program.
- The Morton Grove Park District Medical Dispensing Program should only be used when it is absolutely necessary to administer medication to a child or patron during program hours.

Morton Grove Park District

**WAIVER AND RELEASE OF ALL CLAIMS FOR USE OF
INHALER OR AUTO-INJECTOR**

Waiver and Release of all Claims and Indemnification

Please read the form carefully and be aware that pursuant to the Illinois Asthma Inhalers at Recreational Camps Act, 410 ILCS 607/1 et seq., You will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain in connection with the possession, self-administration, or use of medication, including, but not limited to the use of an epinephrine auto-injector or inhaler at the camp or at any camp-sponsored activity, event, or program; except for claims arising out of the willful and wanton conduct of the Morton Grove Park District.

As parent/guardian of the below identified participant, I verify and attest that my child/ward has the knowledge and skills to safely possess, self-administer, and use an epinephrine auto-injector or inhaler in a camp setting. I also recognize and acknowledge that there are certain risks of physical injury to participant' possession, self-administration, or use of medication, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said possession, self administration, or use of medication. 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.

I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of or arising out of the possession, self-administration, or use of medication against the Morton Grove Park District, including its officials, agents, volunteers and employees; except for claims arising out of the wilful and wanton conduct of the Morton Grove Park District.

I further agree to protect, indemnify, save, defend and hold harmless the Morton Grove Park District form and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs and expenses (including reasonable attorney fees) for which the Morton Grove Park District may become obligated by reason of the possession, self-administration, or use of medication; except to the extent caused by the willful and wanton conduct of the Morton Grove Park District.

I have read and full understand the above waiver and release of all claims and indemnification. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT

Participant's Name

Parent/Guardian's Signature

Date _____

PARTICIPATION WILL BE DENIED

If the signature of parent/guardian and date are not on this waiver.