CRYSTAL LAKE PARK DISTRICT
An IAPD/IPRA Distinguished Agency

MEDICATION INFORMATION FORM

It is our policy that (RX), prescription and (OTC) over the counter medication should be administered in the home when at all possible. However, under certain conditions, it is in the best interest of the child to take prescribed or OTC medication during the Park District Program. In these cases, the doctor must direct that prescription to be given during the Park District program hours. In the case of OTC Medication, the parent may give direction for dispensing. The request below must be on file in the Park District Administrative Office with the doctor and the parent(s) signatures directing the administration of the medication. Please understand that the Park District does not administer all medications. Medication administered through an invasive or personal manner will not be administered by Park District Staff. These include, but are not limited to administration of medication rectally or through a traditional syringe. A responsible adult must bring the medicine to the program supervisor, **in the original container**, including all prescription or OTC information. The parent(s) MUST assume responsibility for informing the park district (in writing) of any change in the child's health or change in medication. The prescribed or OTC medication will be kept in a locked box, and the student is responsible for coming to take the medication.

THE ATTENDING PHYSICIAN MUST COMPLETE THE FOLLOWING.

Student's Name_____

Parent's Name_____

Address_____School_____Grade Level_____

Medication_____ Dosage_____

Dispensing and Storage Instructions_____

_____

Time of administration_____ AM_____PM_____

Possible side effects_____

Number of days to be given_____ From_____ To_____
(date) (date)

Reason for medication prescribed_____

Other Information_____

_____

Print Physician's Name_____ Telephone #_____

Physician's Signature_____ Date_____

I hereby state that the information above is accurate, and give my consent to designated school/park district personnel to administer the medication as directed above.

Parent/Guardian Signature_____ Date_____

Home Telephone #_____ Work Telephone #_____

Crystal Lake Park District One East Crystal Lake Avenue Crystal Lake, IL 60014
Telephone: 815-459-0680 Fax: 815-477-5005

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PERMISSION TO DISPENSE MEDICATION
WAIVER AND RELEASE OF ALL CLAIMS

The Crystal Lake 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 agency's internal procedures on dispensing medication are available for review.

I_____, of_____
(Parent/Guardian) (Child's Name)

give permission to the staff of the Crystal Lake Park District to administer to my child

_____, as directed by the physician (for prescriptions) or
(Name of Medication)
myself (for over the counter medication), as stated on the Medication Information Form.

Waiver and Release of All Claims

I understand it is my responsibility to give the medication directly to the program staff in the original prescription or OTC (over the counter medication) containers, with complete instructions.

I also understand that it is my responsibility to inform the Crystal Lake Park District if there are any changes in the dispensing of medication. In all cases, medication dispensing can only be changed or modified by completing another Medication Information Form and Permission and Waiver to Dispense Medication Form.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. 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 Crystal Lake Park District administering medication to my minor child, I do hereby fully release or discharge the Crystal Lake Park District, and its officers, 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.

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 Crystal Lake Park District staff 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.

Signature_____ Date_____
(Parent or Guardian)

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