



MEDICATION CONSENT FORM

The Wilmette 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 District’s internal procedures on dispensing medication are available for review.

NAME OF PROGRAM _____ DATE _____

I, _____, the parent/guardian of _____,
(name of parent/guardian) (participant’s name)

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

(name of medication)

I understand that it is my responsibility to give the medication directly to the program staff in the original prescription container(s), clearly labeled with the following information:

Participant’s name _____

Name of medication 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 permission to the Wilmette Park District to secure any treatment deemed necessary for immediate care from any licensed hospital physician and/or medical personnel. 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. 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 Wilmette Park District administering medication to my minor child, I do hereby fully release or discharge the Wilmette 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.

If submitting this form online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original signature.

Signature of Parent/Legal Guardian _____ Date _____

Participant’s Name _____



MEDICATION DISPENSING INFORMATION

BACKGROUND INFORMATION

Participant's name _____ Age _____
Full address _____
Parent's/Guardian's name(s) _____
Daytime phone _____ Other phone _____
Program name _____
Doctor's name _____ Phone _____
Doctor's address _____

MEDICATION INFORMATION

1. Name _____ Dose _____ Time _____
Dispensing & storage instructions _____
Possible side effects _____

2. Name _____ Dose _____ Time _____
Dispensing & storage instructions _____
Possible side effects _____

3. Name _____ Dose _____ Time _____
Dispensing & storage instructions _____
Possible side effects _____

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 Park District if any changes in the dispensing of medication occur.

If submitting this form online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original signature.

Signature of Parent/Legal Guardian _____ Date _____

Participant's Name _____