



**GURNEE PARK DISTRICT – Permission to Dispense Medication:  
Waiver and Release of All Claims and Assumption of Risk**

The Gurnee 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

NAME OF PROGRAM: \_\_\_\_\_ DATE: \_\_\_\_\_

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_, give  
(Print Name) (Print Name)

permission to the staff of the Gurnee Park District to administer \_\_\_\_\_ to my child,  
(Name of Medication)

**I understand 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 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 of any changes in the dispensing of medication.**

\_\_\_\_\_  
Print name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



**GURNEE PARK DISTRICT – Medication Dispensing Information Form**  
*This form must be completed for each program session or when medication changes.*

**BACKGROUND INFORMATION**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's/Guardian's Name(s): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Program Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICATION INFORMATION:**

1. Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_  
\_\_\_\_\_

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

2. Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_  
\_\_\_\_\_

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