



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: _____
