BUFFALO GROVE PARK DISTRICT

MEDICATION DISPENSING INFORMATION FORM

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

PARTICIPANT INFORMATION:

Participant's Name:_____ Age:_____ Program Name: _____

1. MEDICATION INFORMATION: (fill in for each medicine)

Name of Medicine:_____Dosage: _____

Medication form: Tablet ___ Capsule _____ Liquid _____ Injection _____Other: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

Dates to be administered: From_____ To_____

Time to be administered: _____ a.m. Time to be administered: _____ a.m. Time to be administered: _____ a.m.

_____ p.m. _____ p.m. _____ p.m.

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2. MEDICATION INFORMATION: (fill in for each medicine)

Name of Medicine:_____ Dosage: _____

Medication form: Tablet ___ Capsule _____ Liquid _____ Injection _____Other: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

Dates to be administered: From_____ To_____

Time to be administered: _____ a.m. Time to be administered: _____ a.m. Time to be administered: _____ a.m.

_____ p.m. _____ p.m. _____ p.m.

MISCELLANEOUS INFORMATION (what are some signs to be aware of): _____

_____

ASTHMA, ALLERGY, OR DIABETIC MEDICATION ONLY - (i.e**.** Inhalers, Epi-Pen, Insulin, etc.)

1. May carry medication on his/her person Yes No

2. May self-administer medication Yes No

Directions for self-administration _____

The Buffalo Grove Park District will not dispense medication to a minor child or other participant until the *Medication Dispensing Information Form* have been fully completed by a parent or guardian. The agency's internal procedures on dispensing medication are available for review.

I, *(print name)*_____the parent/guardian of said child give permission to the staff of the Buffalo Grove Park District to administer to my child medication as stated above

I understand it is my responsibility to give the medication directly to the program staff with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription containers.

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 Buffalo Grove Park District if any changes in the instructions for dispensing of medication occur.

_____ _____

Signature of Parent or Guardian Date

(_____)_____ (_____)_____

Parent or Guardian Home Phone Parent or Guardian Alternate Phone (Work or Cell)