



MEDICATION DISPENSING INFORMATION FORM

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

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

MEDICATION INFORMATION: (fill in for each medication)

Name of Medication: _____ Dosage: _____

Medication Form: Tablet Capsule Liquid Injection Other: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

Dates to Be Administered: _____

Time To Be Administered: _____ a.m. _____ p.m. Time To Be Administered: _____ a.m. _____ p.m. Time To Be Administered: _____ a.m. _____ p.m.

MEDICATION INFORMATION: (fill in for each medication)

Name of Medication: _____ Dosage: _____

Medication Form: Tablet Capsule Liquid Injection Other: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

Dates to Be Administered: _____

Time To Be Administered: _____ a.m. _____ p.m. Time To Be Administered: _____ a.m. _____ p.m. Time To Be Administered: _____ a.m. _____ p.m.

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

May Carry Medication on Their Person: Yes No

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 has 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 unopened original packaging or in original prescription containers.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child 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.

I acknowledge that the Buffalo Grove Park District and its employees and agents are held harmless and shall incur no liability for the administration of any medication of any variety unless the conduct was willful or wanton.

Parent/Guardian Phone #: _____ Parent/Guardian Alt. Phone #: _____

Parent/Guardian Signature: _____ Date: _____