

**MEDICATION WAIVER AND
DISPENSING CONSENT FORM**

Camp Name: _____

*This form must be completed by the child's parent or legal guardian
for each program session or when medication changes.*

The Skokie Park District will not dispense medication to a minor child or other participant until the Medication Waiver and Dispensing Consent Form has been fully completed by a parent or guardian. Internal procedures on dispensing medication are available for review upon request.

CAMPER INFORMATION

Participant's Name: _____ Age: _____

Address: _____
Street City State Zip

Parent/Guardian Name: _____

Daytime Phone: (_____) _____ Other Phone: (_____) _____

Doctor's Name: _____ Phone: (_____) _____

MEDICATION INFORMATION

Medication Name: _____ **Dose:** _____

Doctor's Diagnosis: _____

Date and Serial # of Medication: _____

Date(s) Medication Should Be Dispensed: _____

Time(s) Medication Should Be Dispensed: _____

Dispensing and Storage Instructions: _____

Possible Side Effects: _____

OTHER INFORMATION: _____

Medication Name: _____ **Dose:** _____

Doctor's Diagnosis: _____

Date and Serial # of Medication: _____

Date(s) Medication Should Be Dispensed: _____

Time(s) Medication Should Be Dispensed: _____

Dispensing and Storage Instructions: _____

Possible Side Effects: _____

OTHER INFORMATION: _____

**MEDICATION WAIVER AND
DISPENSING CONSENT FORM**

Camp Name: _____

I, _____, the parent/guardian of _____
Parent Name Camper Name

_____ give permission to the staff of the Skokie Park District to
administer to my child _____
Name of Medication(s)

I understand it is my responsibility to give medications directly to the program staff in the original prescription or over-the-counter containers, clearly labeled, with a completed Medication Waiver and Dispensing Consent Form for each medication that includes written instructions for use and storage.

In all cases, the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Skokie Park District to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. In consideration of the Skokie Park District administering medication to my minor child, I do hereby fully release or discharge the Skokie 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, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless, and defend the Skokie Park District and its officers, agents, volunteers, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with the administering of medication.

I hereby acknowledge that the information on this form provided for the dispensing of medication for my minor child, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication change. In all cases, medication dispensing can only be changed or modified by completing another Medication Waiver and Dispensing Consent Form.

Signature of Parent or Guardian

Date