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Medication Consent Form

Child's Name: _____

Parent Name: _____

Program / Teacher: _____

Prescribing Doctor's Name: _____ Phone Number: _____

Medication Information (completed by the doctor):

Name of Medication: _____ Expiration Date: _____

Dosage Amount: _____ Method of administration: _____

Time to be given: _____ Day(s) to be given: _____

Possible side effects to watch for with this medication may include: _____

Refrigerate? _____ YES _____ NO

Doctor Signature: _____ Date: _____

I _____ (Parent Name), give permission to Hoffman Estates Park District staff to administer _____ (amount / dose) of _____ (name of medication) to my child _____ (Child's Name), at approximately _____ (time) on _____ (Date) for _____ (reason for medication).

Parent Signature _____ Date _____

All prescription medications must be in the original pharmacy labeled bottle and can only be administered if the answers to all the questions below are "yes".

1. Is the consent from above completed? YES / NO
2. Is the medication in a safety cap container? YES / NO
3. Is the original label on the medication container? YES / NO
4. Is the child's name on the medication container? YES / NO
5. Is the date on the prescription current? YES / NO
6. Is the medication's name, dose, and frequency of administration on the label consistent with parental instructions given above? YES / NO

MEDICATION LOG – To be completed at each administration of the medication

Date	Time	Medication Name	Dosage	Signature of Staff

** Only staff trained on administering the prescription may give the prescription to the child. Staff trained on the prescription are: _____

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Medication Dispensing Consent Form

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

Child's Name: _____ Age: _____

Parent Name: _____ Parent Phone Number: _____

Program / Teacher: _____

Prescribing Doctor's Name: _____ Phone Number: _____

Medication Information (completed by the doctor):

Medication: _____	Medication: _____
Expiration Date: _____ Dosage: _____	Expiration Date: _____ Dosage: _____
Time to be given: _____ Day: _____	Time to be given: _____ Day: _____
Possible side effects: _____	Possible side effects: _____
Storage Instructions: _____	Storage Instructions: _____

Doctor Signature: _____ **Date:** _____

I understand that it is my responsibility to give the medication directly to program staff with full instructions in original prescription bottles or over-the-counter original packaging.

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 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 agency if any changes in the dispensing of medication change.

_____ _____

Parent/Guardian Signature **Date**

Completed by program staff:

All prescription medications must be in the original pharmacy labeled bottle and can only be administered if the answers to all the questions below are "yes".

1. Is the consent form above completed? YES / NO
2. Is the medication in a safety cap container? YES / NO
3. Is the original label on the medication container? YES / NO
4. Is the child's name on the medication container? YES / NO
5. Is the date on the prescription current? YES / NO
6. Is the medication's name, dose, and frequency of administration on the label consistent with instructions given above? YES / NO

** Only staff trained on administering the prescription may give the prescription to the child.

Staff trained on the prescription are: _____

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Hoffman Estates Park District
Permission to Dispense Medication
Waiver and Release of All Claims

The Hoffman Estates 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 _____, parent/guardian of _____, give
(Parent Name) (child's name)

permission to the staff of Hoffman Estates Park District to administer to my child

_____.
(Medication Name)

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

PARTICIPANT'S NAME:_____

NAME OF MEDICINE AND COMPLETE DOSAGE INSTRUCTIONS:

_____

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 Hoffman Estates 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.

WAIVER & RELEASE OF ALL CLAIMS

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

In consideration of the Hoffman Estates Park District administering medication to my minor child, I do hereby fully release or discharge the Hoffman Estates Park District and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have (or accrue to me or my minor child), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

_____ _____
Signature of Parent or Guardian Date

Fall 2019/Spring 2020

Epi-Pen Outline

Name, Age _____

Hoffman Estates Park District

What participant comes to camp/program with?

Where will the epi-pen be stored and at what temperature?

What are the participant's allergies?

What are the signs of an allergic reaction for participant?

Where does the epi-pen get injected? Can the participant inject themselves?

How long do you hold the epi-pen at injection site?

Notes/Extras