



Summer Camp

Permission and Waiver to Dispense/Self-Administer Medication

The Park District will not dispense medication to or allow self-medication by a child or other participant until the Permission and Waiver to Dispense/Self-Administer Medication and Medication Information Forms have been fully completed by a parent or guardian.

I _____ the parent/guardian of _____
(Print Name) (Print Name)

give permission to the staff of the Springfield Park District to administer to my child or to allow my child to self-administer:

1. Name _____ Dose _____ Time _____

Quantity Supplied _____

Dispensing and Storage Instructions _____

Possible Side Effects _____

2. Name _____ Dose _____ Time _____

Quantity Supplied _____

Dispensing and Storage Instructions _____

Possible Side Effects _____

Other Information _____



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May Camper Self-Administer Medication?

Check

YES

NO

I understand that it is my responsibility to give the medication directly to the Camp Director or Head Counselors in unopened individual dosage containers, unopened non-prescription medication containers, or in original prescription bottles. I further understand that, that in the case of a camp field trip, it is my responsibility to provide a satisfactory storage container. *i.e.*, a portable cooler for insulin.

In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense/Self-Administer Medication Form.

I hereby acknowledge that the information provided for the dispensing of medication for my camper is accurate. I also understand that it is my responsibility to inform the Camp Director or Head Counselors of any changes in the dispensing of medication.

I understand that if it is necessary for my child to take medication, or to allow my child to self-administer medication, during camp hours, I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to or self-administration by my 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 Park District administering medication to my child, I do hereby fully release or discharge the Park District and its employees from any and all claims from injuries, damages, and losses I or my child may have (or accrue to me and my child), arising out of, or in any way associated with the administering/dispensing of medication or self administered medication.

Signature of Parent or Guardian

Date