

# 2020 PERMISSION TO DISPENSE MEDICATION

The Lincolnway Special Recreation Association will not dispense prescription or over-the-counter medication to a minor child or other participant until the Permission to Dispense Medication Form has been fully completed by a parent or guardian. The agency's procedures on dispensing medication are available on page 5 of the brochure.



## PARTICIPANT INFORMATION (PLEASE PRINT)

First & Last Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

## MEDICATION INFORMATION

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_ Hospital Affiliation \_\_\_\_\_

Medication Name	Dosage	Time(s) of day taken
<b>1</b>		
Dispensing/Storage Instructions:		
<b>2</b>		
Dispensing/Storage Instructions:		
<b>3</b>		
Dispensing/Storage Instructions:		
<b>4</b>		
Dispensing/Storage Instructions:		

Please attach additional sheets for extra medication. If an inhaler or auto-injector is used, you must complete the Waiver & Release for Use of Inhaler or Auto-Injector.

## ACKNOWLEDGEMENT & WAIVER AND RELEASE OF ALL CLAIMS

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
Print Name Print Name

give permission to the staff of Lincolnway Special Recreation Association to administer to my child the following medication(s):

\_\_\_\_\_  
Name of Medication(s)

\*I understand that it is my responsibility to give the medication directly to program staff with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles. 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 Lincolnway Special Recreation Association 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 medical emergency, and failing to recognize the need to summon emergency medical services. In consideration of the Lincolnway Special Recreation Association administering medication to my minor child, I do hereby fully release or discharge the Lincolnway Special Recreation Association 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.

\*In all cases, medication dispensing can only be changed or modified by completing another Permission to Dispense Medication Form and updating medication on the Annual 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 of any changes in the dispensing of medication.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_