

LINCOLNWAY SPECIAL RECREATION ASSOCIATION

Permission to Dispense Medication

The Lincolnway Special Recreation Association 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. Please see Page 5 for procedure information.

BACKGROUND INFORMATION

Participant's Name: _____ Age: _____

Address: _____

Parent's/Guardian's Name(s) _____

Daytime Phone: _____ Other Phone: _____

Program 1: _____ Date(s): _____

Program 2: _____ Date(s): _____

Program 3: _____ Date(s): _____

Doctor's Name: _____ Phone: _____

MEDICATION INFORMATION

(If an inhaler or auto-injector is used, you must also complete the Waiver & Release for Use of Inhaler or Auto-Injector, lwsra.org/forms)

1. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Side Effects: _____

2. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Side Effects: _____

3. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Side Effects: _____

PLEASE USE A SECOND SHEET FOR ADDITIONAL MEDICATIONS.

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:

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 a 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.

Signature: _____ Date: _____