

Northern Will County Special Recreation Association Permission and Waiver to Dispense Medication

The Northern Will County 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.

Name of Program: _____ Date: _____

I, _____ the parent/guardian of _____
(Print name) (Print name)

give permission to the staff of the Northern Will County Special Recreation Association to administer to

my child _____.
(Name of medication)

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 a medication will not be exceeded. In after administering medication there is an adverse reaction, I give my permission to the Northern Will County Special Recreation Association staff to secure from any licensed hospital physical 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. 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.

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In consideration of the Northern Will County Special Recreation Association administering medication to my minor child, I do hereby fully release or discharge the Northern Will County Special Recreation Association, and its officers, 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

Signature of Adult Participant

Date