BEFORE & AFTER SCHOOL CLUB

Permission To Dispense Medication Form 2018-19

Attention: Please *only* return to park district if your child is taking a medication that requires staff attention

Child's Name: _____

Doctor's Name: _____ Office Phone: _____

Medication Name	Dose	Time of Day	Reason

How is the medication taken (please circle all that apply):

Whole Chewed Crushed

With water Without water Mixed

After eating Other Explain: _____

Special instructions: _____

Any adverse reactions to medication: _____

I give my permission to the staff of the Bensenville Park District to administer the medication listed above to my child.

I understand that it is my responsibility to give the medication directly to the program staff, in the original container(s), clearly labeled with the following information: pharmacy's name, doctor's name, patient's name, medication name, strength, and 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 Bensenville 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.

In consideration of the Bensenville Park District administering medication to my minor child, I do hereby fully and forever release and discharge the Bensenville Park District and its officers, agents, servants, and employees from any and all claims I may have as a result of the Bensenville Park District staff assisting in the administering of medication to my minor child.

Parent/Guarding Signature: _____ Date: _____

Bensenville PARK DISTRICT

Deer Grove Leisure Center
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bensenvilleparkdistrict.org