



ROCKFORD PARK DISTRICT

Medication Administration Permission Form

(Please complete and bring to your child's first day of program)

The Rockford Park District strongly encourages participants' self-responsibility for their personal health, including personal care and medications. We ask that whenever possible, participants take their medication before or after, rather than during programming. Please understand that the Rockford Park District will administer medication for youth under the age of eighteen and/or participants enrolled in our Therapeutic Recreation specific programs only in situations that are absolutely necessary for a participant's health, and which fall under the Americans with Disabilities Act and District guidelines. Authorized staff will only administer medications during **registered** programs that are **two hours or greater** in length or in emergency situations (i.e., Epi-pen, asthma inhaler) provided that the following form is completed:

PARENT/GUARDIAN MUST

1. Sign this Medication Administration Permission Form, complete the Medication Administration Log (reverse side of this form), and bring them to the first day of the program; all specific instructions for medication must be included.
2. Personally deliver all medication to the authorized staff in the original container. The container must include the pharmaceutical or over-the-counter manufacturer's instructions to include: person's name, medication, dosage, and time of day medication is to be administered.
3. Verify with authorized staff the amount of medication (i.e., 10 pills, half of 8 oz bottle) noted on the Medication Administration Log.
4. Only send the amount of medication needed for the duration of the current program registration, not to exceed two weeks of time.
5. If pill tablets must be divided in order to administer the correct dosage, please do so at home before bringing to the program.

PERMISSION TO ADMINISTER MEDICATION AND WAIVER & RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain in connection with the possession, self-administration, or use of medication, including, but not limited to the use of an epinephrine auto-injector or inhaler at a Rockford Park District event, program or facility, except for claims arising out of the willful and wanton conduct of the Rockford Park District (hereinafter, "District").

PERMISSION TO ADMINISTER MEDICATION: The District will not administer medication to a minor child or other participant unless this Permission and Waiver to Administer Medication has been fully completed and signed and initialed by a parent or guardian. I understand that it is my responsibility to ensure the medication is given directly to District staff in individual dosage containers, original prescription containers or envelopes clearly labeled with the following information: Participant's name, name of medication, and complete dosage instructions.

_____ Initials of parent/guardian

AUTO INJECTOR/INHALER & SELF ADMINISTRATION OF MEDICATION: As parent/guardian of the below identified participant, I verify and attest that my child/ward has the knowledge and skills to safely possess, self-administer, and use an epinephrine auto-injector, inhaler, or other medication in a recreational setting.

_____ Initials of parent/guardian

EMERGENCY OR IMMEDIATE MEDICAL CARE: If after administering medication there is an adverse reaction, I understand that the Rockford Park District will 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.

I also recognize and acknowledge that there are certain risks of physical injury to participants' possession, self-administration, or use of medication, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said possession, self-administration, or use of medication. 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.

I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of or arising out of the possession, self-administration, or use of medication against the District, including its officials, agents, volunteers and employees; except for claims arising out of the willful and wanton conduct of the District.

I further agree to protect, indemnify, save, defend and hold harmless the District from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs and expenses (including reasonable attorney fees) for which the District may become obligated by reason of the possession, self-administration, or use of medication; except to the extent caused by the willful and wanton conduct of the District.

I have read and fully understand the above waiver and release of all claims and indemnification. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participant Name (PLEASE PRINT)

Parent/Guardian Signature

Date

Rockford Park District staff will not administer medication to a minor child or other participant until the Medication Administration Permission Form and Medication Administration Log have been fully completed.



ROCKFORD PARK DISTRICT

MEDICATION ADMINISTRATION LOG

(to be accompanied by the Medication Administration Permission Form – one sheet per person)

Participant's Name _____ **Program** _____ **Year** _____

EPIPEN OR INHALER NAME	Expiration Date	Dosage	Dispense Time(s) Required
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If EpiPen, what is the allergen(s)?	What are the signs of an allergic reaction or need for inhaler?
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Administration Instructions _____

Side Effects	Should anyone other than your child accidentally inject or inhale this medication, what are possible adverse reactions?
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Count / Amount	Parent/Guardian Initials	Received by (staff initials / date)
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STAFF ONLY	Date												
	Time												
	Initials												

MEDICATION	Dosage	Dispense Time(s) Required
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Administration Instructions	Storage Instructions
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Side Effects _____

Count / Amount	Parent/Guardian Initials	Received by (staff initials / date)
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STAFF ONLY	Date												
	Time												
	Initials												

MEDICATION	Dosage	Dispense Time(s) Required
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Administration Instructions	Storage Instructions
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Side Effects _____

Count / Amount	Parent/Guardian Initials	Received by (staff initials / date)
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STAFF ONLY	Date												
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