NAPERVILLE PARK DISTRICT
Dispensing of Medication
Procedures

I. Parental Procedures and Responsibilities

Whenever possible, medications should be administered by parents or guardians.

In some circumstances, the administration of medication cannot be performed by Park District staff because of specific and/or complex physician or manufacturer instructions or invasive procedures.

If there is a need for the administration of medication during a minor's participation in a Park District program, the parent/guardian must:

1. Complete the Permission To Dispense Medication/Waiver and Release of All Claims form;
2. Complete and sign the Medication Dispensing Information form;
3. Deliver all medication to the agency office in the original prescription bottle or in clearly marked containers which include the person's name, medication, dosage, and time of day medication is to be given;
4. Verbally communicate with agency staff regarding specific instructions for medication.

II. Staff Medication Dispensing Procedures

Park District program staff must:

1. Ensure that the Permission and Waiver to Dispense Medication Form and Medication and Dispensing Information Form are fully completed and signed by the parent/guardian prior to the dispensing of any medication;
2. Consult with the Director of Recreation to determine whether the medication is one that may be administered by Park District staff.
3. Notify the parent/guardian whether Park District staff may administer the medication.

If it is determined that the medication is one which may be administered by Park District staff, program staff must:

1. Ensure that only authorized staff accept medication which may include the executive director, director of recreation, safety coordinator, program manager, program coordinator, registrar, secretary or other designated staff;
2. Verbally communicate with the parent or guardian regarding any specific instructions regarding the dispensing or storage of the medication. It is also the responsibility of the authorized staff who receive medication to properly store medication in a locking cabinet or in a refrigerator as
needed. It is extremely important that stored medication is out of the reach of other patrons and particularly children.

3. Obtain copies of all waivers, internal procedures, medical information forms, and medication logs when obtaining the prescription medication to be transported to the program site. All medication stored at a program site must be secured and only available to authorized program staff.

4. Program coordinators responsible for dispensing medication must strictly follow all written instructions on the medical information form, individual dose envelopes, and any information contained on original prescription container labels. In the event that conflicting dispensing information exists, medication should not be administered until the parent, guardian, or physician are reached by phone to obtain specific instructions.

5. Unless otherwise arranged, only paid and trained agency staff will be allowed to dispense medication.

6. Agency staff responsible for dispensing medication will fully complete the medication information contained on the medication log form. Medication dispensing logs should be completed until medication dispensing has ceased and completed medication logs should be turned into the agency's office and kept in a permanent file for at least three years at the conclusion of the program.
NAPERVILLE PARK DISTRICT
Medication Dispensing Information

This form must be completed for each program session or when medication changes.

BACKGROUND INFORMATION:

Participant's Name: ___________________________ Age: _____
Address: _______________________________________
Parent's/Guardian's Name(s): _____________________
Daytime Phone: ___________________ Other Phone: _______________________
Program Name: _____________________________
Doctor's Name: _____________________________ Phone: _______________________

MEDICATION INFORMATION:

1. Name: _______________________________ Dose: _______ Time: _______
   Dispensing & Storage Instructions: _______________________________________
   Possible Side Effects: _______________________________________

2. Name: _______________________________ Dose: _______ Time: _______
   Dispensing & Storage Instructions: _______________________________________
   Possible Side Effects: _______________________________________

3. Name: _______________________________ Dose: _______ Time: _______
   Dispensing & Storage Instructions: _______________________________________
   Possible Side Effects: _______________________________________

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, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication 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 if any changes in the dispensing of medication change.

_________________________________  ________________________
Signature of Parent or Guardian                  Date
Naperville Park District

Permission to Dispense Medication
Waiver and Release of All Claims

The Naperville Park District 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 Park District’s internal procedures on dispensing medication are available for review.

__________________________ DATE: __________

NAME OF PROGRAM: ____________________________

I ___________________________ the parent/guardian of ___________________________
(Print Name) (Print Name)
give permission to the staff of the Naperville Park District 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 any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Naperville 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.
NAPERVILLE PARK DISTRICT
DISPENSING OF MEDICATION
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 Naperville Park District administering medication to my minor child, I do hereby fully release or discharge the Naperville Park District, 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.

__________________________________________  ________________
Signature of Parent or Guardian              Date
WAIVER & RELEASE OF ALL CLAIMS FOR USE OF INHALER OR AUTO-INJECTOR

WAIVER AND RELEASE OF ALL CLAIMS AND INDEMNIFICATION

Please read this form carefully and be aware that pursuant to the Illinois Asthma Inhalers at Recreational Camps Act, 410 ILCS 607/1 et seq., 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 the camp or at any camp-sponsored activity, event, or program; except for claims arising out of the willful and wanton conduct of the Naperville Park District.

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 or inhaler in a camp setting. 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 Naperville Park District, including its officials, agents, volunteers and employees; except for claims arising out of the willful and wanton conduct of the Naperville Park District.

I further agree to protect, indemnify, save, defend and hold harmless the Naperville Park 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 Naperville Park 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 Naperville Park 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.

PLEASE PRINT

Participant’s Name ____________________________________________

Parent/Guardian’s Signature ____________________________________

Date _________________________________________________________

PARTICIPATION WILL BE DENIED
If the signature of parent/guardian and date are not on this waiver.
**MEDICATION LOG**

**Participant's Name:**

**Program:**

**Session:**

**Medication:**

**Dosage:**

(only one medication per chart)

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEDICATION LOG**

**Participant's Name:**

**Program:**

**Session:**

**Medication:**

**Dosage:**

(only one medication per chart)

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEDICATION LOG**

**Participant's Name:**

**Program:**

**Session:**

**Medication:**

**Dosage:**

(only one medication per chart)

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>