

**Park District of La Grange**  
**Permission To Dispense Medication**  
***Waiver and Release of All Claims***

The Park District of La Grange will not dispense medication to a minor child or other Park District of La Grange participants 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 Park District of La Grange **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 \_\_\_\_\_ to secure from any licensed hospital physician and/or Park District of La Grange 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 Park District of La Grange administering medication to my minor child, I do hereby fully release or discharge the Park District of La Grange, 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**