



1770 W. Centennial Place, Addison, IL 60101-1076
Phone 630.620.4500 Fax 630.620.4598 www.nedsra.org

Permission to Dispense Medication and Dispensing Information Waiver Form.

Waiver and Release of All Claims

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

Northeast DuPage Special Recreation Association (NEDSRA) will not dispense medication to a minor child or other participant until the Permission to Dispense Medication, Medication Information Form have been fully completed by a parent or guardian. The agency's internal procedures on dispensing medication are available for review.

BACKGROUND INFORMATION:

Participant's Name: _____ Age: _____

Address: _____

Parent's/Guardian's Name(s) _____

Primary Phone: _____ Other Phone: _____

Program Name: _____

Doctor's Name: _____ Phone: _____

Name of program: _____ Date: _____

I _____ the parent/guardian of _____.

(Print Name)

(Print Name)

Give permission to the staff of NEDSRA to administer to my child/ward the following as directed:

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: _____

OTHER INFORMATION: _____



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WAIVER & RELEASE OF ALL CLAIMS

I understand it is my responsibility to give the medication directly to the program staff in original prescription containers clearly labeled with the participant’s name, medicine name 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 NEDSRA 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.

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 occur and that medication dispensing may only be changed or modified by completing another Permission to Dispense Medication and Dispensing Information Waiver Form.

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 NEDSRA staff administering medication to my minor child, I do hereby fully release or discharge NEDSRA, 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.

(Printed Name of Parent or Guardian)

Signature of Parent or Guardian

Date

FRONT OFFICE USE ONLY	Date	Staff Name
Noted in Registration System		
Scanned to PPT File		
Copy to Recreation Coordinator		
Hard copy filed		