

A. ¹MEDICATION DISPENSING

The District will provide assistance for medication dispensing pursuant to the procedures outlined below.

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 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 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, during office hours only, all medication to the Elmhurst Park District 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) Advise the Elmhurst Park District in writing, of any specific instructions regarding the dispensing or storage of medication.
- 5) Both forms must be completed for each program season or when medication changes.

Staff Medication Dispensing Procedures:

Elmhurst Park District program staff **must**:

- 1) Ensure that the Permission and Waiver to Dispense Medication Form **and** Medication Dispensing Information Form are fully completed and signed by the parent/guardian prior to the dispensing of any medication.
- 2) Ensure that only authorized District staff accepts medication, which may include the Executive Director, Department Head, Division Manager - Human Resources & Risk Management, Program Manager, Site Director or other designated staff.

¹ Revised August 6, 2015

- 3) Verbally confirm with the parent or patron any specific instructions regarding the dispensing or storage of the medication. It is also the responsibility of the authorized staff that receives medications to properly store medication in a locked cabinet or in a refrigerator as needed and to confirm (upon receipt of the medication) that all dosages to be dispensed for the designated time period have been received. It is extremely important that stored medication is out of reach of other patrons and particularly children.
- 4) Obtain multiple 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. When the administration of medication is not always at the same location (i.e. field trips, aquatic facility, multiple program sites, etc.) this information needs to be portable and readily available for off-site administration of medication. All original forms, instructions, correspondences, etc. should be retained for at least three years beyond conclusion of this program.
- 5) Staff 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 doctor are reached by phone to obtain specific instructions.
- 6) Except as otherwise agreed to by the parents/guardians or competent adult, patron, or in the event of an emergency, only authorized and trained agency staff should dispense medication. *If possible, two staff should be involved in the medication dispensing process. One should dispense the medicine and the second should act as a witness. Both must initial the dispensing log.*
- 7) District staff responsible for dispensing medication is responsible for completing the medication information contained on the **Medication Log** form. Medication dispensing logs should be completed until medication dispensing has ceased. Completed medication logs should be kept in a permanent file for at least three years beyond the conclusion of the program.

Medication Dispensing Information

Background Information:

Participant's Name: _____ Age: _____

Address: _____

Parent's/Guardian's Name(s): _____ Emergency Phone: _____

Daytime Phone: _____ Program Name: _____

Doctor's Name: _____ Phone: _____

Medication Information:

1. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

2. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

3. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

OTHER INFORMATION: _____

I understand that it is my responsibility to give the medication directly to program staff with full instructions in **original** prescription bottles only. 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 of any changes in the dispensing of medication.

Print name of Parent or Guardian

Signature of Parent or Guardian

Date

**Permission to Dispense Medication
Waiver and Release of All Claims & Assumption of Risk**

The Elmhurst 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 agency's internal procedures on dispensing medication are available for review.

Name of Program: _____ Date: _____

I, _____, the parent/guardian of _____ give permission
(Print Name) (Print Name)

to the staff of the Elmhurst 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 or original prescription containers:

Participant's Name: _____

Name of Medication 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 or side effect, which in staff discretion warrants immediate medical attention, I give my permission to the Elmhurst Park District to secure emergency medical services. I agree to be responsible for payment of any and all medical services rendered.

Please read this language carefully and be aware that in consideration for the Elmhurst Park District agreeing to administer medication, 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 child/ward might sustain as a result of any and all activities connected with and associated with this agreement.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my child/ward. I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I or my child/ward may have (or accrue to me or my child/ward) as a result of agreeing to have the Elmhurst Park District administer medication to my child/ward. I acknowledge and recognize that such risks include, but are not limited to, failure to administer the medication, failure to properly administer the medication, delay in administering the medication, adverse reactions or side effects to the medication, failure to follow specific instructions, failure to recognize a medical emergency, and failure or delay in securing emergency medical services. I do hereby fully release and forever discharge the District from any and all claims resulting 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 this agreement. I further agree to waive and relinquish any and all claims my minor child/ward or I may have (or may accrue to me or my child/ward) against the District, including its officials, agents, volunteers and employees arising out of, connected with, incidental to, or in any way associated with this agreement.

I have read and fully understand the above warning of risk, assumption of risk and waiver and release of all claims.

Print name of Parent or Guardian

Signature of Parent or Guardian

Date

MEDICATION LOG

Participant's

Name:

Program:

Season:

Medication:

Dosage:

Year:

(only one medication per
chart)

| | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|
| Date: | | | | | | | |
| Time: | | | | | | | |
| Dispenser's Initials | | | | | | | |
| Witness Initials | | | | | | | |

MEDICATION LOG

Participant's

Name:

Program:

Season:

Medication:

Dosage:

Year:

(only one medication per
chart)

| | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|
| Date: | | | | | | | |
| Time: | | | | | | | |
| Dispenser's Initials | | | | | | | |
| Witness Initials | | | | | | | |

MEDICATION LOG

Participant's

Name:

Program:

Season:

Medication:

Dosage:

Year:

(only one medication per
chart)

| | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|
| Date: | | | | | | | |
| Time: | | | | | | | |
| Dispenser's Initials | | | | | | | |
| Witness Initials | | | | | | | |