1899 West Winchester Road, Libertyville, Illinois 60048 Telephone 847-367-6640 Fax 847-367-6649

LAKE COUNTY FOREST PRESERVES
www.LCFPD.org

Preservation, Restoration, Education and Recreation

Medication Dispensing Information, Permission, and Waiver

Only fill out this form if you expect camp staff to dispense medication to your child, when medication changes, or if your child will carry an asthma inhaler and/or EpiPen. The Lake County Forest Preserves will not dispense medication to a minor child or other participant until the Medication Dispensing Information, Permission, and Waiver form has been fully completed by a parent/guardian. To review our agency's internal procedures on dispensing medication, contact 847-367-6640.

Background Information

Camper's Name: _____ Age: _____

Address: _____

Parent/Guardian Name(s):_____

Parent/Guardian Phone: (Home) _____ (Cell) _____

Doctor's Name: _____ Phone: _____

Camp Program and Session Date(s):	Camp Location/Preserve:

Medication Information

1. Medication: _____ Dose: _____ Time dispensed: _____

   Dispensing Instructions: _____

   _____

   Possible Side Effects: _____

   Complete Dosage Instructions _____

   _____

2. Medication: _____ Dose: _____ Time dispensed: _____

   Dispensing Instructions: _____

   _____

   Possible Side Effects: _____

   Complete Dosage Instructions _____

   _____

My child has permission to carry and knows how to properly use their own ☐ Inhaler ☐ EpiPen
and has been instructed not to show or share it with others. _____ Initial

I understand that it is my responsibility to give the medication (pills or other items that are not asthma inhalers or EpiPens) directly to program staff with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles with the following information:

- Name of camper
- Medication
- Dosage
- Time of day to be given
- Prescribing Doctor
- Doctor's phone number

In all cases, medication dispensing can only be changed or modified by completing a new Medication Dispensing Information, Permission, and Waiver 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

Permission to Dispense Medication

I _____ the parent/guardian of _____
(Print Your Name) (Print Child's Name)

give permission to the staff of the Lake County Forest Preserves to administer to my child the following:

_____.
Medication(s)

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 Lake County Forest Preserves 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.

Waiver and 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 Lake County Forest Preserve District administering medication to my minor child, I do hereby fully release or discharge the Lake County Forest Preserve District, and its officers, 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