



MEDICATION DISPENSING INFORMATION FORM

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

PARTICIPANT INFORMATION:

Participant's Name: _____ Age: _____ Camp/School Site Name: _____

1. MEDICATION INFORMATION: (fill in for each medicine)

Name of Medicine: _____ Dosage: _____

Medication form: Tablet _____ Capsule _____ Liquid _____ Injection _____ Other: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

Dates to be administered: From _____ To _____

Time to be administered: _____ am _____ pm Time to be administered: _____ am _____ pm Time to be administered: _____ am _____ pm

2. MEDICATION INFORMATION: (fill in for each medicine)

Name of Medicine: _____ Dosage: _____

Medication form: Tablet _____ Capsule _____ Liquid _____ Injection _____ Other: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

Dates to be administered: From _____ To _____

Time to be administered: _____ am _____ pm Time to be administered: _____ am _____ pm Time to be administered: _____ am _____ pm

MISCELLANEOUS INFORMATION (what are some signs to be aware of): _____

ASTHMA, ALLERGY, OR DIABETIC MEDICATION ONLY - (i.e. Inhalers, Epi-Pen, Insulin, etc.)		
1. May carry medication on his/her person	Yes	No
2. May self-administer medication	Yes	No
Directions for self-administration _____		

The Buffalo Grove Park District will not dispense medication to a minor child or other participant until the Medication Dispensing Information Form have been fully completed by a parent or guardian. The agency's internal procedures on dispensing medication are available for review.

I, (print name) _____ the parent/guardian of said child give permission to the staff of the Buffalo Grove Park District to administer to my child medication as stated above. I understand it is my responsibility to give the medication directly to the program staff with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription containers. 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 Buffalo Grove Park District if any changes in the instructions for dispensing of medication occur.

Signature of Parent or Guardian

Date

(_____) _____
Parent or Guardian Home Phone

(_____) _____
Parent or Guardian Alternate Phone (Work or Cell)