



# MEDICATION DISPENSING INFORMATION FORM

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

**PARTICIPANT INFORMATION:**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Program 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):** \_\_\_\_\_

<b>ASTHMA, ALLERGY, OR DIABETIC MEDICATION ONLY - (i.e. Inhalers, Epi-Pen, Insulin, etc.)</b>		
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)