BUFFALO GROVE PARK DISTRICT

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 Medication: _____ Dosage: _____

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

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

Dates to be administered: From: _____ To: _____

Time to be administered: _____ a.m. Time to be administered: _____ a.m. Time to be administered: _____ a.m.

_____ p.m. _____ p.m. _____ p.m.

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: _____ a.m. Time to be administered: _____ a.m. Time to be administered: _____ a.m.

_____ p.m. _____ p.m. _____ p.m.

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 has 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.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Cell Phone: _____ Parent/Guardian Alternate Phone: _____