



BELVIDERE PARK DISTRICT

MEDICATION DISPENSING POLICY

The Belvidere Park District (BPD) will only dispense medication at programs when it is necessary for the health and welfare of the participants. We will request, when possible, that the parent (or self-medicating participants) give medication prior to or after the program. All procedures for dispensing medication must be followed.

MEDICATION DISPENSING PROCEDURES

Parent/Guardian Responsibilities:

- Complete Permission to Dispense Medication Waiver.
- Complete Medication Information Form
- Deliver all medication to agency staff in original prescription container or clearly marked container that includes person's name, name of medication, dosage, time of day to be given, and storage information.
- Verbally communicate with staff regarding any specific instructions with medication.
- Notify agency immediately of medication changes and complete new information form.

Staff Responsibilities:

- Insure that Medication Dispensing Waiver & Information Forms are completely filled out prior to dispensing medication.
- Insure that only authorized staff receives medication from a parent or guardian.
- Verbally communicate with parent/guardian regarding specific instruction on dispensing and storing medication.
- Store medication in a locked cabinet away from the reach of other participants.
- Staff must follow instructions written on Medical Information Form, dose envelope, and/or original prescription container. In the event of conflicting information, medication should not be administered until the parent/guardian or physician is contacted for specific instructions.
- Only paid and trained agency staff will be allowed to dispense medication.
- Medication logs will be kept for all medication dispensed by agency staff and will kept on file for one year in a permanent file.



BELVIDERE PARK DISTRICT

PERMISSION TO DISPENSE MEDICATION WAIVER AND RELEASE OF ALL CLAIMS

The **Belvidere Park District (BPD)** will not dispense medication to a minor child or adult participant until the Permission to Dispense Medication and Medication Information forms have been fully completed by a parent or guardian.

Name of Program: _____

Program Date(s): _____

I, _____, the parent/guardian of
(Print Parent/Guardian Name)

_____ give permission to the
(Print Child/Participant Name)

staff of **BPD** to administer to my child or adult participant:

(Print Name of Medication/s)

I understand that it is my responsibility to give the medication directly to a **BPD** program staff member in original prescription container/s and clearly labeled with the following information: Participant's name, name of medication, and complete dosing instructions.

In all cases the dosage of medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to **BPD** to secure medical treatment deemed necessary for immediate care. I agree also agree to be responsible for the payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with administration of medication to my minor child or adult participant. In consideration of the **BPD** administering medication to my child, I do hereby fully release and discharge **BPD** and its officers, agents, volunteers, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child arising out of, connected with, incidental to, or in any way associated with the administering of medication.

Parent/Guardian Signature

Date



MEDICATION DISPENSING INFORMATION
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Background Information:

Participants Name: _____ Age: _____

Address: _____

Parent/Guardian Name: _____

Daytime Phone: _____ Alternate Phone: _____

Program Name: _____

Doctor's Name: _____ Phone: _____

Medication Information

Name of Medication: _____ **Dose:** _____ **Time:** _____

Dispensing and storage instructions: _____

Possible Side Effects: _____

Name of Medication: _____ **Dose:** _____ **Time:** _____

Dispensing and storage instructions: _____

Possible Side Effects: _____

Name of Medication: _____ **Dose:** _____ **Time:** _____

Dispensing and storage instructions: _____

Possible Side Effects: _____

MEDICATION DISPENSING INFORMATION
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Comments/Additional Information: _____

I understand that it is my responsibility to give the medication directly to a **Belvidere Park District (BPD)** program staff member in original prescription container/s and clearly labeled with the following information: Participant's name, name of medication, and complete dosing instructions.

In all cases, medication dispensing can only be changed or modified by completing another Medication Information Form.

I hereby acknowledge that the above information is accurate and I understand that it is my responsibility to inform **BPD** of any changes in the medication or dispensing of medication occurs.

Signature of Parent of Guardian

Date