

Vernon Hills Park District

Dispensing of Oral Medication Policy

I. Parental Procedures and Responsibilities

The parent/guardian must:

1. Complete the *Permission to Dispense Medication/ Waiver and Release of All Claims* form.
2. Complete and sign the *Medication Dispensing Information* form.
3. Deliver all oral medication to the agency office in the original prescription bottle or in clearly marked containers which include the person's name, medication, dosage, and time of day medication is to be given.
4. Communicate in writing with agency staff regarding specific instructions for medication.

II. Staff Procedures for Dispensing Oral Medications

Agency program staff must:

1. Ensure that the Permission and Waiver to Dispense Medication Form and Medication and Dispensing Information Form are fully completed and signed by the parent/guardian prior to the dispensing of any oral medication.
2. Ensure that only authorized staff members accept oral medication that may include the Executive Director, Superintendent of Recreation, Safety Coordinator, Program Coordinator, Recreation Specialist, or other designated staff.
3. Obtain written direction from parent or guardian regarding any specific instructions regarding the dispensing or storage of the medication. It is also the responsibility of the authorized staff members who receive medication to properly store medication in a locking cabinet or in a refrigerator as needed. **It is extremely important that stored medication is out of the reach of other patrons and particularly children.**
4. Obtain copies of all waivers, internal procedures, medical information forms, and medication logs when obtaining the prescription medication to be transported to the program site. All medication stored at a program site must be secured and only available to authorized program staff.
5. Program coordinators responsible for dispensing medication must strictly follow all written instructions on the medical information form, individual dose envelopes, and any information contained on original prescription container labels. In the event that conflicting dispensing information exists, medication should not be administered until the parent, guardian, or physician are reached by phone to obtain specific instructions.

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6. Unless otherwise arranged, only paid and trained agency staff will be allowed to dispense medication.

7. Agency staff responsible for dispensing medication will fully complete the medical information contained on the medication log form. Medication dispensing logs should be completed until medication dispensing has ceased and completed medication logs should be turned into the agency's office and kept in a permanent file for at least one year at the conclusion of the program.

8. Agency staff will administer only those medications that may be taken orally (e.g., pills, tablets, capsules, liquids), will not administer injections of any kind whether by syringe or any other means, and will not draw or sample any bodily fluids, including blood.

Vernon Hills Park District Medication Dispensing Information

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

BACKGROUND INFORMATION:

Participant's Name: _____ Age: _____

Address: _____

Parent's/Guardian's Name(s): _____

Daytime Phone: _____ Other Phone: _____

Program Name: _____

Doctor's Name: _____ Phone: _____

MEDICATION INFORMATION:

1. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

2. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

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3. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

OTHER INFORMATION: _____

I understand that it is my responsibility to give the medication directly to program staff with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles.

In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information 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.

I understand and hereby acknowledge that program staff will administer only those medications that can be taken orally (e.g., pills, tablets, capsules, liquids), will not administer injections of any kind, whether by syringe or any other means, and will not draw or sample any bodily fluids, including blood.

Signature of Parent or Guardian

Date

Vernon Hills Park District
Permission to Dispense Medication
Waiver and Release of all Claims

The Vernon Hills Park District will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication Information Form have been fully completed by a parent or guardian. The agency's internal procedures on dispensing medication are available for review. PLEASE NOTE that the agency will only administer only those medications that can be taken orally (e.g., pills, tablets, capsules, liquids), will not administer injections of any kind, whether by syringe or any other means, and will not draw or sample bodily fluids, including blood.

NAME OF PROGRAM: _____ Date: _____

I, _____ the parent/guardian of _____ give
(Print Name) (Print Name)
permission to Vernon Hills Park District staff to administer _____ to my child named above.
(Name of Medication)

I understand it is my responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the participant's name and the name of the medicine and dosage instructions.

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 Vernon Hills Park District 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 & 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 and failing to observe side effects. In consideration of the Vernon Hills Park District administering medication to my minor child, I do hereby fully release or discharge the Vernon Hills Park District, and its officer, 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. I further agree to indemnify, hold harmless and defend the Vernon Hills Park District, and its officers, agents, volunteers and employees from and against any and all claims resulting from injuries, damages and losses sustained by 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