



## Permission to Dispense/Administer Medication and Waiver and Release of All Claims

The Roselle Park District will not dispense/administer medication to a minor child or other Park District participant until the Permission to Dispense/Administer Medication and Waiver and Release of All Claims and the Medication Information form have been fully completed by a parent or guardian. The agency's internal procedures on dispensing/administering medication are available for review.

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NAME OF PROGRAM: \_\_\_\_\_ DATE(S): \_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian of  
(Print Name)

\_\_\_\_\_ give permission to the staff of the Roselle Park District  
(Print Name)

to dispense/administer \_\_\_\_\_ to my child.  
(Name of Medication)

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**I understand it is my responsibility to give the medication directly to Park District Staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information:**

**PARTICIPANT'S NAME:** \_\_\_\_\_

In all cases the recommended dosage of any medication will not be exceeded. If after dispensing/administering medication there is an adverse reaction, I give my permission to the Roselle 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 AND RELEASE OF ALL CLAIMS

**I recognize and acknowledge that there are certain risks of physical injury in connection with the administering/dispensing of medication to my minor child. Such risks include, but are not limited to, failing to properly administer/dispense the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.**

**In consideration of the Roselle Park District administering/dispensing medication to my minor child, I do hereby fully release or discharge the 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/dispensing of medication.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date