



Permission to Dispense Medication Waiver and Release of All Claims

The Oak Brook Park District will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Forms have been fully completed by a parent/guardian. The agency's internal procedures on dispensing medication are available for review.

Program Name _____ Date _____

I, _____ the parent/guardian of _____, give permission to Oak Brook Park District staff to administer to my child the medication (s) listed below. 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 following information:

Participant's Name (print): _____

Name(s) of medicine and complete 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 Oak Brook 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.

I recognize and acknowledge that there are certain risks of physical injury in connections with the administering of medication to my minor child. In consideration of the Oak Brook Park District administering medication to my minor child, I do hereby fully release or discharge the Oak Brook Park District and its officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, 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 Oak Brook Park District, 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 and arising out of, connected with, incidental to or in any way associated with the administering of medication.

Parent/Guardian's Name (print) _____ Parent/Guardian's Signature _____
Date _____