



## Summer Camp 2020 Permission to Dispense Medication Form

Camper's Full Name (one participant per form): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Parent/Guardian 1 Name: \_\_\_\_\_ Work/Cell Phone Number: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Work/Cell Phone Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Name of Medication	Dose	Time of Day	Purpose

Please indicate how the medication should be taken:

- Whole    Chewed    With Food    Without Food    With Water    Without Water  
 Other (please describe): \_\_\_\_\_

Please indicate how the medication should be stored:

- Refrigerated    Room Temperature    Other: \_\_\_\_\_

Please list any possible side effects of the medication: \_\_\_\_\_

I understand it is my responsibility to give all medications directly to the NPD staff with full instructions in the original container, with only one day's dosage, with prescription labels including the following information:

**Participant's Name**  
**Name of Medication & Complete Dosage Information**

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, 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 all cases, the recommended dosage of any medication will not be exceeded. If after administering a medication there is an adverse reaction, I give my permission to the Northfield 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. In consideration of the Northfield Park District administering medication to my minor child, I do hereby fully release and discharge the Northfield 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 or accrue, arising out of, connected with, incidental to, or in any way associated with the administering of medication.

**I give permission to the Northfield Park District to administer the above stated medication to my child.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please review reverse side for the Medication Distribution Policy & Self-Administration of Asthma Information prior to signing.



## Summer Camp 2020 Medication Distribution Policy

### ACCEPTANCE & DISTRIBUTION OF MEDICATION

Medication distribution will be provided for participants who must take medication during a Northfield Park District sponsored program. Participants may not administer their own medication, with the exception of an asthma inhaler or epi- pen. All other prescribed or over the counter medications must be provided to NPD staff; participants may not retain possession of any medication while at a NPD program.

By completing the reverse side of this form, you acknowledge that the information provided is accurate. It is your responsibility to inform NPD if there are any changes in the dispensing of this medication. Modifications can only be made by completing a new Permission to Dispense Medication Form. A separate form must be completed for each medication.

Only a single dosage must be sent each day and it should be stored in the original container. If the original container is not available or it is an over the counter medication, a clearly marked container may be used. The container must list the participant's name, name of medication, and complete dosage information.

Every day that medication is provided to NPD staff, the date, time and initials of the staff member who accepted the medication will be noted in the Medication Log. Each time medication is dispensed to a participant, the date, time and initials of the staff member who administered the medication will be noted in the Medication Log.

NPD will not dispense medication to a minor child until the Permission to Dispense Medication has been fully completed by a parent or guardian. They agency's internal procedures on dispensing medication are available for review.

### SELF-ADMINISTRATION OF ASTHMA MEDICATION

The Northfield Park District will permit the self-administration of medication by a participant with asthma, if the following documents are provided by the participant's parents or guardians:

1. Written authorization, signed by the parent or guardian; and
2. A written statement from the participant's physician, physician assistant or advanced practice registered nurse, containing the following information:
  - A. The name and purpose of the medication
  - B. The prescribed dosage; and
  - C. The time or times at which or special circumstances under which the medication is to be administered.

### SELF-ADMINISTRATION OF ASTHMA MEDICATION (Physician, Physician Assistant or Advanced Practice R.N.)

The following participant is under my care for asthma. Information relating to the participant's self-administration of the asthma medication referenced herein, which I have prescribed below:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage of Medication: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Time or special circumstance under which the medication is to be administered: \_\_\_\_\_

**I have instructed in proper inhaler techniques & find that he/she is able to administer it independently.**

Physician/Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_ Office/Emergency Phone: \_\_\_\_\_

**Parent signature giving permission for self-administration of medication for participant:**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_