



Wildwood Park District Medication Distribution Policy

Statement of Purpose:

The Wildwood Park District discourages dispensing prescription medicine to children participating in Park District programs; leaving the primary responsibility to parents and guardians to dispense prescription medication to children. However, the Wildwood Park District recognizes it may be necessary in certain circumstances for children participating in Park District programs to take prescription medication during program hours.

Limits of Assistance:

The Park District is not a health care provider and does not hold itself out as such. Park District responsibilities are limited to accepting medications and making reasonable efforts to provide the prescribed doses at the prescribed intervals to the best of its ability.

Direct responsibilities do not include direct administration of medication including measuring of dosage or preparation of medication beyond that of counting tablets or pouring liquids into a pre-measured container made specifically for that use. Any medications not delivered in original packaging or in packaging not easily read will be rejected by the Park District. Written instructions must be clearly marked, specifying dosage, method of administration and discontinuance date.

Request Procedure:

All requests by parents and legal guardians for dispensing prescription medications to children participating in a Park District program should be directed to the Recreation Supervisor to determine the feasibility of the Park District complying with the request. If possible, this request should be completed prior to registration for the program. The Recreation Supervisor is the approval authority for allowing children requiring the administering of prescription medications into a Park District program. A written order and waiver of liability from the parent/guardian requesting the administration of medication by Park District staff is required prior to medication being dispensed.



Wildwood Park District Medication Distribution Procedures

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 medication to the Recreation Supervisor's office in the original prescription bottle or in clearly marked containers which includes the person's name, medication, dosage, and time of day medication is to be given.
4. Advise the agency in writing, of any specific instruction regarding the dispensing or storage of medication.

II. Staff Medication Dispensing Procedures

Agency program staff **must**:

1. Ensure that the *Permission and Waiver to Dispense Medication/Waiver and Release of All Claims Form* and *Medication Dispensing Information Form* are fully completed and signed by the parent/guardian prior to the dispensing of any medication.
2. Ensure that only authorized staff accepts medication, which may include the Executive Director, Recreation Supervisor, Preschool Teachers, Camp Counselors or other designated staff.
3. Verbally confirm with the parent or patron any specific instructions regarding the dispensing or storage of the medication. It is also the responsibility of the authorized staff who receives 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. All program staff will log each distribution of medication in the Medication Log daily.
5. Retain all original forms, instructions, correspondences, waivers, medication logs, etc. at a central location. All medication stored at a program site must be secured and only available to authorized program staff.



Wildwood 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/Guardian Name(s): _____

Home Phone: _____ Cell 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: _____

3. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

Physician's Signature: _____

Parent/Guardian Signature

Date

Parent/Guardian Print Name



Wildwood Park District
Permission to Dispense Medication
Waiver and Release of All Claims

I understand that it is my responsibility to give the medication directly to Wildwood Park District 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.

In all cases, the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I grant permission to the Wildwood Park District staff 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 connection with the administering of medication to my minor child, I do hereby fully release or discharge the Wildwood Park District, and its officers, agents, volunteers, or 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 the specified medication.

I further agree to indemnify, hold harmless and defend the Wildwood Park District, its officers, agents, volunteers, and employees from any and all claims resulting from injuries, damages, or 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 the specified medication.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, 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.

Parent/Guardian Signature

Date

Parent/Guardian Print Name