



Permission to Dispense Medication  
Waiver and Release of All Claims

218 Madison Street  
Oak Park, Illinois 60302  
708-725-2000

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The Park District of Oak Park will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication form has been fully completed and signed by a parent or guardian.

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 information that matches what is listed below:

Participant Name: \_\_\_\_\_

Name of Medication and complete dosage and storage instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Possible side effects and recommendations for appropriate response to side effects (does not need to be on label):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication 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 PARK DISTRICT OF OAK PARK if there are any changes in information or instructions regarding the dispensing of medication.

In all cases the recommended dosages of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the PARK DISTRICT OF OAK PARK to secure from any licensed hospital 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. In consideration of the PARK DISTRICT OF OAK PARK administering medication to my minor child, I do hereby release or discharge the PARK DISTRICT OF OAK PARK 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 PARK DISTRICT OF OAK PARK and its officers, agents, volunteers and employees from any and all claims 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

