



Manhattan Park District

Medication Dispensing Information Waiver and Release of All Claims *This form must be completed for each program session or when medication changes.*

Please return this form to mpd@manhattanparks.org.

The Manhattan Park District will not dispense medication to a minor child or any other participant until the **Permission and Waiver to Dispense Medication and Medication Information Form** have been fully completed by a parent or guardian.

Participants Name: _____ Age: _____

Address: _____

Parent's/Guardian's Name (s): _____

Daytime Phone: _____ Other Phone: _____

Program Name: _____

Family Doctor's Name: _____ Phone: _____

MEDICATION NAME	DOSAGE	TIME TAKEN	DOCTOR'S NAME

Please list any possible side effect of medication and which medication they apply to.

Please list special dispensing or storage instructions that may apply to the medications and which medications they apply to.

D I, _____ the parent/guardian of _____
(Print Name) (Print Name)
informed the staff of the Manhattan Park District that my child is able to self administer his/her medication listed above.

D I, _____ the parent/guardian of _____
(Print Name) (Print Name)
give permission to the staff of the Manhattan Park District to administer to my child the medications listed above.



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I understand it is my responsibility to give medication (Including Inhalers) directly to the program staff in individual dosage container, original prescription containers, or envelopes clearly labeled with participants name and dosage. I also understand, that over the counter medicine such as cough medicine, Tylenol etc., will not be administered.

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 Manhattan 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 connection with the administering of medications to my minor child. In consideration of the Manhattan Park District administering medication to my minor child, I do hereby fully release or discharge the Manhattan 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 Manhattan 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.

Signature of Parent or Guardian: _____ **Dat** _____

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 agency if any changes in the dispensing of medication changes. I will do so by completing another Permission to Dispense Medication Form.

Signature of Parent or Guardian: _____ Date: _____