Dispensing of Medication

The American's With Disabilities Act obligates Oak Lawn Park District to make reasonable accommodations for persons with special needs who will be participating in our park and recreation programs. One of the most common and reasonable requests is to assist a participant in taking medication during a program session when they do not have the ability to do it on their own. This has been a standard practice in special recreation associations for some time. However, park districts are seeing many persons with special needs entering park district programs. Without special training and the necessary procedures to administer medication, there are potential liabilities that could arise at an agency if the dispensing of medication is not administered properly. Therefore, the following medication dispensing guidelines were issued in the event a patron makes this request.

To minimize the administration of a medication-dispensing program, parents or guardians should be asked if the person could be medicated prior to entering the program. Our medical dispensing program should only be used when it is absolutely necessary to administer medication to a child or patron during program hours.

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 in the original prescription bottle or in clearly marked containers which include the person's name, medication, dosage, and time of day medication is to be given;

4. Verbally communicate with Oak Lawn Park District staff regarding specific instructions for medication.
II. Staff Medication Dispensing Procedures

Staff must:

1. Ensure that the Permission and Waiver to Dispense Medication Form and Medication and 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 superintendent of recreation, safety coordinator, registrar, secretary or other designated staff;

3. Verbally communicate with the parent or guardian regarding any specific instructions regarding the dispensing or storage of the medication. It is also the responsibility of the authorized staff that 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. Obtain copies of all waivers, internal procedures, medical information forms, and medication logs when obtaining the prescription medication to be transported to the program site. All medication stored at a program site must be secured and only available to authorized program staff.

5. Staff members responsible for dispensing medication must strictly follow all written instructions on the medical information form, individual dose envelopes, and any information contained on original prescription container labels. In the event that conflicting dispensing information exists, medication should not be administered until the parent, guardian, or physician are reached by phone to obtain specific instructions.

6. Unless otherwise arranged, only Oak Lawn Park District staff members approved by their supervisor will be allowed to dispense medication.

7. Staff responsible for dispensing medication will fully complete the medication information contained on the medication log form. Medication dispensing logs should be completed until medication dispensing has ceased and completed medication logs should be turned into the agency's office and kept in a permanent file for at least one year at the conclusion of the program.
Dispensing of Medication Information Form

This form must be completed for each program session or when medication changes.

BACKGROUND INFORMATION:

Participant’s Name:_____________________________________________________________

Age:__________ Date of Birth_____/_______/_______

Address:______________________________________________________________________

Parent's/Guardian's Name(s)_______________________________________________________

Daytime Phone:___________________________Other 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:________________________________________________________
_________________________________________________________________________

OTHER INFORMATION:_______________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

I understand that it is my responsibility to give the medication directly to Oak Lawn 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.

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 Oak Lawn Park District if any changes in the dispensing of medication change.

__________________________  ______________________
Signature of Parent or Guardian  Date
Permission To Dispense Medication
Waiver and Release of All Claims

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

NAME OF PROGRAM: ________________________________________

I ___________________________ the parent/guardian of _______________________
(Print Name) (Print Name)
give permission to the staff of the Oak Lawn Park District to administer to my child the following medication(s) ________________________________________________________.

I understand it is my responsibility to give the medication directly to the Oak Lawn Park District Staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information:

PARTICIPANT'S NAME: ________________________________________

NAME OF MEDICINE AND COMPLETE DOSAGE INSTRUCTIONS:

________________________________________________________________________
________________________________________________________________________

-OVER-
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 Lawn 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 medication to my minor child. In consideration of the Oak Lawn Park District administering medication to my minor child, I do hereby fully release or discharge the Oak Lawn Park District and its officer, 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 Lawn 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                   Date
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