

FORM 4 (1 of 2)

rev. 01/2020

PERMISSION TO DISPENSE MEDICATION

Waiver and Release of All Claims

The South West Special Recreation Association will not dispense medication to a 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(S): _____

I _____ parent/guardian of _____
(Print Name) (Print Name)

Give permission to the staff of the South West Special Recreation Association to administer the following medication(s) to my child:

CHECK THE APPROPRIATE BOX AND SIGN BELOW:

Medication is **NOT** to be dispensed _____
Signature of Parent or Guardian Date

STOP HERE IF NO MEDICATION IS TO BE DISPENSED; PAGE 2 IS NOT APPLICABLE

MEDICATION IS TO BE DISPENSED- Form 4 (2 of 2) Must be completed.

Read and sign below:

I understand it is my responsibility to give only the medication to administer directly to the program staff in individual dosage containers, original prescription containers, or bubble pack clearly labeled with the name(s) of medication(s) and complete dosage.

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give permission to the South West Special Recreation Association 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 the participant. In consideration of the South West Special Recreation Association administering medication to the participant, I do hereby fully release or discharge the South West Special Recreation Association, and its officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or the participant 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 South West Special Recreation Association, and its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me or the participant and arising out of, connected with, incidental to or in any way associated with the administering of medication.

Signature of Parent or Guardian

Date

FORM 4 (2 of 2)

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MEDICATION DISPENSING INFORMATION

Participant's Name: _____ Age: _____

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

Daytime Phone: _____ - _____ - _____ Other Phone: _____ - _____ - _____

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: _____

4. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____