



Permission to Dispense Medication

Waiver and Release of All Claims

Fox Valley Special Recreation Association (FVSRA) will not dispense medication to a minor child or adult participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian. Medication dispensing requests will be assessed on an individual basis and each request will be reviewed prior to the program. FVSRA will contact the guardian regarding requests that cannot be granted. The agency's internal procedures on dispensing medication are available for review.

FVSRA cannot accept medication that is not individually packaged in medication envelopes.

You will be asked to complete this form for each program in which the participant is enrolled if medication is to be dispensed or when medication changes.

Program Name	Program Date(s):

I, _____, the Parent/Guardian of _____,
Print Name Print Participant Name

give permission to the staff of Fox Valley Special Recreation Association to administer to my child or adult the medications as indicated on page 2 of this form.

I understand it is my responsibility to give the medication directly to the program staff in individual dosage envelopes, which includes the person's name, medication, dosage and time of day the medication is to be given to the individual. Envelopes should be sealed and NOT clear. If medication is liquid, or needs to be refrigerated, it may stay in the original bottle with proper dosing equipment (syringe).

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 Fox Valley Special Recreation Association to secure from any licensed hospital physician and/or medical personnel 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 Fox Valley Special Recreation Association administering medication to my minor child, I do hereby fully release or discharge the Fox Valley Special Recreation Association, 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 Fox Valley 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 my minor child arising out of, connected with, incidental to, or in any way associated with the administering of medication.

Guardian Signature

Date

This form is to be completed for each program in which the participant is enrolled or when medication changes.

Participant Name: _____

Doctor's Name: _____

Doctor's Phone: _____

Medication Information

Medication Name	
Dose	
Time(s)	
Dispensing & Storing Instruction	
Possible Side Effects	

Medication Name	
Dose	
Time(s)	
Dispensing & Storing Instruction	
Possible Side Effects	

Medication Name	
Dose	
Time(s)	
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Medication Name	
Dose	
Time(s)	
Dispensing & Storing Instruction	
Possible Side Effects	

FVSRA cannot accept medication that is not individually packaged in the medication envelopes. Please see FVSRA for medication envelopes if you need them. The envelope **MUST** contain the following:

- Participant's Name
- Medication Name
- Date to Dispense
- Time to Dispense
- Dosage

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 in writing if any changes in the dispensing of medication occur.

Guardian Signature

Updated 2/2019

Date

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