Permission to Dispense Medication

FVSRA
Fox Valley Special Recreation Association

Waiver and Release of All Claims

Fox Valley Special Recreation Association (FVSRA) will not dispense medication to a minor child or adult participant without a completed Permission and Waiver to Dispense Medication and Medication Information Form. Requests to administer medication are assessed on an individual basis, and each request is reviewed before the start of a program. FVSRA will contact you if your request to dispense medication cannot be honored. The agency's internal procedures on dispensing medication are available for review upon request.

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

You must complete this form for each program that medication must be dispensed at and/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 include the person's name, medication, dosage, and time of day the medication is to be dispensed. Envelopes should be sealed and NOT clear. If mediation 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 an adverse reaction occures after administering the medication, 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/adult participant. In consideration of the Fox Valley Special Recreation Association administering medication to my minor child/adult participant, 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/adult 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 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/adult participant arising out of, connected with, incidental to, or in any way associated with the administering of medication.

_____ _____
Guardian Signature Date (MM/DD/YYYY)

Permission to Dispense Medication

This form must be completed for <u>each</u> program that medication must be dispensed at and/or when medication changes.

Participant Name: ____

Doctor's Name: ______________________________ **Doctor's Phone:** ____________________

Administration Type: ☐ Self Administered ☐ Staff Administered

Responsibility to Store Medication: ☐ Individual ☐ Staff

FVSRA cannot accept medication that is not individually packaged in the medication envelopes (available at the FVSRA office). Medication envelopes MUST contain the following:

1) Participant's Name 2) Mediation Name 3) Dosage 4) Date to Dispense 5) Time to Dispense

Medication Information

Medication Name	
Dose	
Time(s)	
Possible Side Effects	
How is this medication taken?	☐Whole ☐With Food ☐Without Food ☐Chewed ☐With Water ☐Without Water
Dispensing & Storing Instruction	

Medication Name	
Dose	
Time(s)	
Possible Side Effects	
How is this medication taken?	☐Whole ☐With Food ☐Without Food ☐Chewed ☐With Water ☐Without Water
Dispensing & Storing Instruction	

Medication Name	
Dose	
Time(s)	
Possible Side Effects	
How is this medication taken?	☐Whole ☐With Food ☐Without Food ☐Chewed ☐With Water ☐Without Water
Dispensing & Storing Instruction	

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 Date (MM/DD/YYYY)

Updated 12/08/2023 by JJ