

Glenview Park District – Park Center Preschool
Permission to Dispense Medication - Waiver and Release of All Claims

This form must be completed in order to administer medication or when medication changes.

MEDICATION TYPE: **PRESCRIPTION**

All medication must be provided in the original container, labeled with the child's full name. Where applicable, the measuring device must be provided and labeled with the child's full name. If not provided, medication cannot be administered. Non-prescription medications must be designated for children's use on the label.

Prescription Medications: must have a current pharmacist's label that includes the child's full name, dosage, current date, times to be administered, and the name and telephone number of the physician.

On behalf of myself, my family and my minor child, I hereby release and agree to defend, hold harmless, and indemnify the Glenview Park District, its subsidiaries, affiliates and employees, from any and all claims in injury or damages (including personal injury) as a result of any and all acts performed under this authority and according to the instructions below.

NAME OF CHILD: _____ CHILD'S AGE: _____ DATE: _____

Medication: _____ Reason for Medication: _____
Physician's Name: _____ Physician's Phone # _____
Reason for Medication: _____ Medication Storage: _____
I/We _____, give permission to Park Center Preschool Staff <small>(Parent/Guardian) please print</small>
to administer _____ of _____ <small>(amount/dose) (name of medication)</small>
to my child _____, at approximately _____ <small>(name of child) (times to be dosed)</small>
on _____ to be completed by _____. <small>(start date) (end date)</small>
Side Effects: _____

Parent Name (please print): _____

Parent/Guardian Signature _____