

TINLEY PARK-PARK DISTRICT

Camp Medication Authorization Form

This form is to be completed for any medication that your child may/will be taking during camp hours. This includes over the counter medication, prescription, inhalers etc.

CHILD'S NAME _____ BIRTH DATE _____

ADDRESS _____ HOME PHONE # _____

EMERGENCY PHONE #'S

_____(RELATION TO CHILD)

_____(RELATION TO CHILD)

To be completed by the child's parent or legal guardian:

1. NAME OF MEDICATION _____ **DOSAGE** _____

TIME: _____ **STORAGE INSTRUCTIONS:** _____

SIDE EFFECT(S)

2. NAME OF MEDICATION _____ **DOSAGE** _____

TIME: _____ **STORAGE INSTRUCTIONS:** _____

SIDE EFFECT(S)

DOCTOR'S NAME (print): _____ PHONE #: _____

ADDITIONAL INSTRUCTIONS: _____

I hereby authorize the Tinley Park-Park District Camp Program and its employees and agents, on my behalf to allow my child to self-administer, lawfully prescribed medication in the manner described above during Camp, while under supervision of the employees of the Tinley Park- Park District Camp Program. I ACKNOWLEDGE THAT IT MAY BE NECESSARY FOR THE ADMINISTRATION OF THE MEDICATION TO MY CHILD TO BE PREFORMED BY AN INDIVIDUAL OTHER THAN A NURSE OR HEALTH AIDE (i.e. Site Director), AND SPECIFICALLY CONSENT TO SUCH A PRACTICE. I further acknowledge and agree that, when lawfully prescribed medication is so administered or attempted to be administered, I waive any claim I might have against the Tinley Park-Park District, its employees and agents arising out of administration of said medication. In addition, I agree to hold harmless and indemnify the Tinley Park-Park District, it employees and agents, either jointly or separately, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent/Guardian Signature: _____

Date _____

I understand it is my responsibility to give the medication directly to the **Site Director or Recreation Supervisor**, in individual dosage containers or original prescription containers (if prescription) clearly labeled with the following information:

NAME OF MEDICATION & DOSAGE INSTRUCTIONS:

In all cases, the dosage for any medication will not be exceeded. If after administering medication there is adverse reaction or side effects which, in staff discretion, warrants immediate medical attention, I give my permission the Tinley Park-Park District to secure emergency medical services. I agree to be responsible for payment and any and all medical services rendered.

Parent/Guardian Signature: _____

Date: _____