

2527

DISPENSING OF MEDICATION

In the event of a minor child with special circumstances needing regular intervals of medication during a recurring Bartlett Park District program such as preschool, staff shall have certain procedures to follow for dispensing such medication.

I. Parental Procedures and Responsibilities

The parent/guardian *must*:

1. Complete the *Permission to Dispense Medication/Waiver and Release of All Claims* form (2527.2); and, if needed, *Waiver & Release for Use of Inhaler or Auto Injector* (2527.4).
2. Complete and sign the *Medication Dispensing Information* form (2527.1);
3. Deliver all medication to the Bartlett Park District office in individual dosage containers, in clearly labeled envelopes, or in original prescription bottles which include the person's name, medication, dosage, and time of day medication is to be given;
4. Verbally communicate with District staff regarding specific instructions for medication.

II. Staff Medication Dispensing Procedures

1. Ensure that the *Permission to Dispense Medication/Waiver* form, and if needed, *Waiver and Release for Use of Inhaler or Auto Injector* and *Medication and Dispensing Information* form are fully completed and signed by the parent/guardian prior to the dispensing of any medication.
2. Ensure that only authorized staff accepts medication, which may include the Executive Director, Superintendent of Recreation, Superintendent of Special Facilities, Recreation Manager, Safety Coordinator, Program Coordinator, Program Instructor, Preschool Coordinator or other designated staff.
3. Verbally communicate with the parent or guardian regarding any specific instructions regarding the dispensing or storage of the medication. It is also the responsibility of the authorized staff who receives the medication to properly store the medication in a locking cabinet or in a refrigerator as needed. *It is extremely important that stored medication is out of the reach of other patrons, and particularly children.*

4. Obtain copies of all waivers, internal procedures, medical information forms, and medication logs when obtaining the prescription medication to be transported to the program site. All medication stored at a program site must be secured and only available to authorized program staff.
5. Program coordinators/instructors responsible for dispensing medication must strictly follow all written instructions on the medical information form, individual dose envelopes, and any information contained on original prescription container labels. In the event that conflicting dispensing information exists, medication should not be administered until the parent, guardian, or physician are reached by phone to obtain specific instructions.
6. Unless otherwise arranged, only paid and trained agency staff will be allowed to dispense medication.
7. Agency staff responsible for dispensing medication will fully complete the medication information contained on the *Medication Dispensing Log* form (2527.3). Documentation shall be kept current on the *Medication Dispensing Log* form until medication dispensing has ceased. Completed *Medication Dispensing Log* forms should be turned in to the Recreation Manager or the Office Manager who will attach it to the registration form in the BCC Registration Office and kept in a permanent file for at least one year from the conclusion of the program.

Date Approved by Executive Director: 05/2013

Director's Signature: Rita Fletcher

Revised/Reviewed Date: 06/23/04, 08/05/08, 11/04/10, 08/15/12, 05/22/13

2527.1 MEDICATION DISPENSING INFORMATION

(This form must be completed for each program session or when medication changes.)

Program Name: _____ Session: _____

BACKGROUND INFORMATION

Participant's Name: _____ Age: _____

Address: _____

Parent/Guardian's Name(s): _____

Daytime Phone: _____ Other Phone: _____

Doctor's Name: _____ Doctor's Phone: _____

MEDICATION INFORMATION

1. Name of Medication: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

2. Name of Medication: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

3. Name of Medication: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

(OVER)

4. Name of Medication: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

OTHER INFORMATION

PARENT/GUARDIAN’S STATEMENT

I understand that it is my responsibility to give to program staff any medications in individual dosage containers, in clearly labeled envelopes, or in original prescription bottles for my minor child, guardian, ward, or other family member with full instructions as to dosage requirements and possible side effects.

I understand that in all cases, medication dispensing can only be changed or modified by completing another “*Permission to Dispense Medication (Waiver and Release)*” form (#2527.2) and the “*Medication Dispensing Information*” form (#2527.1). I further understand that it is my responsibility to inform the Bartlett Park District if anything should change relating to the dispensing of medication for my minor child, guardian, ward, or other family member.

I understand that 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 the Bartlett Park District to secure from any licensed paramedic, 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 hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate.

 Signature of Parent/Guardian

 Printed Name

 Date

Date Approved by Executive Director: <u>06/2013</u> Director’s Signature: <u>Rita Fletcher</u> Revised/Reviewed Date: <u>10/08/01, 6/23/04, 08/2008,</u> <u>11/2010, 08/15/12, 05/22/13</u>
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2527.2 PERMISSION TO DISPENSE MEDICATION

Waiver & Release of All Claims

(Use One Permission Form for *each* Medication to be Dispensed)

The Bartlett Park District shall not dispense medication to a minor child or other participant until the *Permission to Dispense Medication (Waiver and Release of All Claims) form (#2527.2)* and *Medication Dispensing Information form (#2527.1)* have been fully completed by a parent or guardian. The District's internal procedures on dispensing medication are available for review.

Name of Program: _____ Date: _____

I, _____ the parent/guardian of _____
(Parent/Guardian's Printed Name) (Participant's Printed Name)

_____ hereby give permission to the staff of the Bartlett Park District to administer to my minor child, guardian, ward, or other family member the following named medication: _____

_____ for his/her condition of _____.

PARENT/GUARDIAN'S STATEMENT

I understand it is my responsibility to give the medication directly to the program staff in individual dosage containers, or in clearly labeled envelopes, or in original prescription containers and to complete the *Medication Dispensing Information form (#2527.1)* showing the following information: Participant's name, name of medication, complete dosage instructions listing dosage amounts and time of administering, and any possible side effects.

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 the Bartlett Park District to secure from any licensed paramedic, 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 my minor child, guardian, ward, or other family member. In consideration of the Bartlett Park District administering medication to my minor child, I do hereby fully release or discharge the Bartlett Park District, 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 Bartlett Park District, its officers, agents, volunteers, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

Signature of Parent or Guardian

Printed Name

Date

Date Approved by Executive Director: _____ 05/2013 _____
Director's Signature: Rita Fletcher
Revised/Reviewed Date: 10/08/01, 06/23/04, 8/2008, 11/2010, 08/15/12, 05/22/13

2527.4

**WAIVER & RELEASE FOR
USE OF INHALER OR AUTO-INJECTOR**

Use one (1) *Medication Dispensing Log* form for each participant and attach it to the:
Permission to Dispense Medication (Waiver and Release of all Claims) form(s) #2527.2,
Inhaler or Auto Injector (Waiver and Release of all Claims) form(s) #2527.4;
and the *Medicine Dispensing Information* form(s) #2527.1 for the same participant.

WAIVER AND RELEASE OF ALL CLAIMS AND INDEMNIFICATION

Please read this form carefully and be aware that pursuant to the Illinois Asthma Inhalers at Recreational Camps Act, 410 ILCS 607/1 *et seq.*, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain in connection with the possession, self-administration, or use of medication, including, but not limited to the use of an epinephrine auto-injector or inhaler at the park district-sponsored activity, event, or program; except for claims arising out of the willful and wanton conduct of the Bartlett Park District .

As parent/guardian of the below identified participant, I verify and attest that my child/ward has the knowledge and skills to safely possess, self-administer, and use an epinephrine auto-injector or inhaler in a park district-sponsored activity, event, or program setting. I also recognize and acknowledge that there are certain risks of physical injury to participants' possession, self-administration, or use of medication, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said possession, self-administration, or use of medication. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of or arising out of the possession, self-administration, or use of medication against the Bartlett Park District, including its officials, agents, volunteers and employees; except for claims arising out of the willful and wanton conduct of the Bartlett Park District.

I further agree to protect, indemnify, save, defend and hold harmless the Bartlett Park District from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs and expenses (including reasonable attorney fees) for which the Bartlett Park District may become obligated by reason of the possession, self-administration, or use of medication; except to the extent caused by the willful and wanton conduct of the Bartlett Park District.

I have read and fully understand the above waiver and release of all claims and indemnification. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participant's Name _____
(Please Print)

Parent/Guardian's Signature _____

Date _____

PARTICIPATION WILL BE DENIED
If the signature of parent/guardian and date are not on this waiver.

Date Approved by Executive Director: 05/2013
Director's Signature: Rita Fletcher
Revised/Reviewed Date: 08/15/12, 05/22/13

2527.5 AUTO-INJECTOR QUESTIONNAIRE

Other procedure sheets that need to be filled out:

- # 2527.1 Medicine Dispensing Information
- # 2527.2 Permission to Dispense Medication
- # 2527.3 Medication Dispensing Log (Use one form for each participant)
- #2527.4 Inhaler or Auto Injector (Waiver and Release)

Participant Name: _____ **Date:** _____

ALLERGIC TO: _____

SEVERITY OF ALLERGY: Radioallergosorbent test (RAST) scale:

- ___ Allergen Level 0 Absent or Undetectable Allergen Specific
- ___ Allergen Level 1 Low of Allergen Specific
- ___ Allergen Level 2 Moderate Level Of Allergen Specific
- ___ Allergen Level 3 High Level Of Allergen Specific
- ___ Allergen Level 4/5 Very High Level Of Allergen Specific
- ___ Allergen Level 6 Extremely High Level Of Allergen Specific

SYMPTOMS: _____

PARTICIPANT’S AWARENESS OF ALLERGY:

- Does participant have awareness of allergy? YES NO
- Does participant know what foods/items to avoid? YES NO
- Does participant have a tendency to grab other’s food? YES NO
- Can participant self-administer their own epi-pen? YES NO

EPI PEN

If epi-pens are provided, the park district requests two; either two for multiple staff members or one for staff and one for the child. If the child can self-administer, Epi Pens have clip on them that can be clipped on a belt that way it is always on the child when they need it and not in a backpack. Staff that carries it should always be near the participant in the same room, bus or outside near the child who needs it.

SPECIFIC PROTOCOL FOR REACTION: _____

OTHER NOTES: _____

Completed By: _____

Print Name

Signature

Date Approved by Executive Director: 04/19/2016
Director’s Signature: <i>Rita Fletcher</i>
Revised/Reviewed Date: 04/19/16



XXXX

Seizure Information Sheet

Please complete all questions. This information is essential for Bartlett Park District in determining the participant's special needs and providing a positive and supportive recreational environment. If you have any questions about how to complete this form, please contact the Bartlett Park District office to be put in contact with the correct Manager.

CONTACT INFORMATION:

Participant's Name: _____ Date of Birth: _____
 Parent/Guardian Name: _____ Tel. (H): _____ (W): _____ (C): _____
 Other Emergency Contact: _____ Tel. (H): _____ (W): _____ (C): _____
 Participant's Primary Care Dr.: _____ Tel: _____

SEIZURE INFORMATION:

1. When was the participant diagnosed with seizures or epilepsy? _____

2. Seizure type(s):

<i>Seizure Type</i>	<i>Length</i>	<i>Frequency</i>	<i>Description</i>

3. What might trigger a seizure in the participant? _____

4. Are there any warnings and/or behavior changes before the seizure occurs? YES NO
 If YES, please explain: _____

5. When was the participant's last seizure? _____

6. Has there been any recent change in the participant's seizure patterns? YES NO
 If YES, please explain: _____

7. How does the participant react after a seizure is over? _____

8. How do other illnesses affect the participant's seizure control? _____

BASIC FIRST AID: Care and Comfort Measures

9. What basic first aid procedures should be taken when the participant has a seizure? _____

SEIZURE EMERGENCIES

10. Please describe what constitutes an emergency for the participant? _____

11. Has the participant ever been hospitalized for continuous seizures? _____

YES NO

If YES, please explain: _____

A Seizure is generally considered an Emergency when:

- ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- ✓ Repeated seizures without regaining consciousness
- ✓ A first time seizure
- ✓ Participant is injured or diabetic
- ✓ Participant has breathing difficulties
- ✓ Participant has a seizure in water

SEIZURE MEDICATION AND TREATMENT INFORMATION

12. What medication(s) for seizures does the participant take?

Medication	Date Started	Dosage	Frequency and time of day taken	Possible side effects

13. What emergency/rescue seizure medications are prescribed for the participant?

Medication	Dosage	Administration Instructions (timing* & method**)	What to do after administration:

* After 2nd or 3rd seizure, for cluster of seizure, etc. ** Orally, under tongue, rectally, etc.

Bartlett Park District does not administer rectal valium

14. Does your child have a Vagus Nerve Stimulator? YES NO

If YES, please describe instructions for appropriate magnet use: _____

GENERAL COMMUNICATION ISSUES

14. What is the best way for us to communicate with you about the participant's seizure(s)? _____

15. Is there any other information that Bartlett Park District should know? _____

Parent/Guardian Signature: _____ Date: _____

Date Approved by Executive Director: _____

Director's Signature: _____

Revised/Reviewed Date: _