



Permission to Dispense Medication Waiver and Release of All Claims

The Village of Lincolnwood Department of Parks & Recreation will not dispense medication to a minor child or other participant without the Permission and Waiver to Dispense Medication and Medication Information Form on file.

DATE: _____

Name of Camp Program: _____

Child's First and Last Name: _____

Parent or Guardian's First and Last Name: _____

I give permission to the Parks & Recreation staff to administer to my child (list all medications):

I understand it is my responsibility to give my child's medication daily directly to the program staff in individual daily dosage packets. Individual daily dosage packets are provided by the Lincolnwood Parks & Recreation office located in Village Hall. Dosage packets should be requested prior to the first day of camp.

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 Lincolnwood Department of Parks & Recreation to secure from any licensed 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 child. In consideration of the Lincolnwood Department of Parks & Recreation administering medication to my child, I do hereby fully release or discharge the Lincolnwood Department of Parks & Recreation from any and all claims resulting from injuries, damages and losses my minor child or I may have, arising out of or connected with or in any way associated with the administering of medication. I further agree to hold harmless and defend the Lincolnwood Department of Parks & Recreation and its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by my child or I arising out of, connected with, incidental to or in any way associated with the administering of medication.

Signature of Parent or Guardian

Date