



**SOUTH SUBURBAN  
SPECIAL RECREATION  
ASSOCIATION**

19910 80th Avenue  
Tinley Park, IL 60487

(815) 806-0384

(815) 806-0390 fax  
711 (Illinois Relay System)

[www.sssra.org](http://www.sssra.org)

January 1, 2016

Dear Family Member/Participant/Guardian/Residential Staff:

South Suburban Special Recreation Association has a "Medication Dispensing" policy in place to ensure the safety and well-being of all participants.

*\*If the participant **does not** take medication, the "Medication Dispensing" form does not need to be completed.*

**\*Please submit a copy of the participants Medical Card or Insurance Card.**

#### **Programs & Special Events**

Enclosed is the information you will need to **read** and **complete** in order for SSSRA Supervisors to be authorized to distribute medication at programs. **If you self medicate at SSSRA programs and you are your own guardian, you do not have to complete the Medication Dispensing Form.**

The completed form should be returned to the SSSRA office one week before the program or special event begins. Once the SSSRA office has your form, Supervisors will be authorized to dispense the medication at programs.

Also enclosed are pre-labeled envelopes for you to package the medication. These envelopes are what you must give to the supervisor of the program or special event. Participants will not be allowed to attend the program or special event if medication is not in the provided SSSRA envelope. The Supervisor will send the participant home.

**Each envelope may contain only one dosage of one medication.** \*If there are two medications to be given at the same time, there must be two envelopes.

#### **Overnights or Day Camp**

You will need to turn in the medication to the SSSRA office one week prior to the start date. For week long trips and Day Camp we ask that you package three extra dosages. Please call the SSSRA office if you need more envelopes. **If you self-medicate on the overnight, and you are your own guardian, we still ask that you complete and return the Medication Dispensing Form. We will use this information for emergency purposes only.**

- **Please note that participants will be sharing a room and a bed with another participant of the same sex.**

If you have any questions, please contact the SSSRA office at 815/806-0384 and ask to speak with Lisa Drzewiecki.

We thank you for your time and cooperation in this important matter.

Sincerely,

*Lisa K. Drzewiecki*

Lisa K. Drzewiecki  
Superintendent

# OVERNIGHT & DAY CAMP MEDICATION DISPENSING FORM

**STOP!** – If you do not take medication, you do not have to complete this form.

**Only submit a copy of the participants Medical Card or Insurance Card.**

1. Does participant self-medicate? \_\_\_\_ Yes \_\_\_\_ No
2. For all overnight trips, a copy of the participants Medical Card must accompany this form for emergency purposes only.
3. This form must be turned into the SSSRA office one week before the trip, even if participant self-medicates.
4. Each medication must be pre-packaged in the envelope provided by SSSRA or the original “bubble pack” provided by the Residential Facility Nurse.
5. The envelopes should be clearly written and completed with all pertinent information.
6. There should be only one dosage of one type of medication per envelope.
7. A full supply of medication is needed for the duration of the trip and must be brought into the SSSRA office one week before the trip. Contact SSSRA staff for other arrangements.
8. Please list the name of the trip the medication will be taken at on the line below.
9. 

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Please note that participants will be sharing a room and a bed with another participant of the same sex.

**Participant’s Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Medication	Dosage	AM Time __:__	Noon	Dinner	PM Time __:__

Prescribing Physician(s): \_\_\_\_\_

Physician Phone #: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

How is the medication taken? Please check all that apply:

- Whole                     
  With Food                     
  Without Food                     
  Mixed with Food  
 With Water                     
  Without Water                     
  Chewed                     
  Other \_\_\_\_\_

Please list any side effects: \_\_\_\_\_

**\*Participants who self-medicate and their own guardian do not have to sign this Authorization for Release.**

## **AUTHORIZATION FOR RELEASE**

### KNOW ALL MEN BY THESE PRESENTS

That the undersigned hereby authorized the South Suburban Special Recreation Association, which provides recreation and leisure services in Country Club Hills, Frankfort Square, Hazel Crest, Homewood, Flossmoor, Lansing, Matteson, Oak Forest, Olympia Fields, Park Forest, Richton Park, and Tinley Park, Illinois to dispense medication to \_\_\_\_\_ in activities offered by the Association, and to do whatever may reasonably necessary for the accomplishment of that task.

For sole consideration of dispensing prescribed medication, the undersigned does hereby and for my heirs, executors, administrators, successors, and assigns, release, acquit, and forever discharge the South Suburban Special Recreation Association and its agents, servants, successors, and all other persons, firms, corporations, associations, partners and partnerships from any and all claims, actions, causes of action, demands, rights, damages costs, loss of service expenses and compensation whatsoever, which the undersigned now has/have or which may hereafter accrue, directly or indirectly, on account of or in any way growing out of any and all known and unknown, foreseen, bodily and personal injuries and property damage and the consequences thereof resulting or to result from the authorized dispensing of prescribed medication.

The undersigned further declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned and that the terms of the release are contractual and not a mere recital.

**THE UNDERSIGNED HAS READ THE FOREGOING AUTHORIZATION AND RELEASE AND FULLY UNDERSTANDS IT.**

Signed, sealed, and delivered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Print Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature

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

**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 camp or at any camp-sponsored activity, event, or program; except for claims arising out of the willful and wanton conduct of the South Suburban Special Recreation Association.

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 camp 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 South Suburban Special Recreation Association, including its officials, agents, volunteers and employees; except for claims arising out of the willful and wanton conduct of the South Suburban Special Recreation Association.

I further agree to protect, indemnify, save, defend and hold harmless the South Suburban Special Recreation Association from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs and expenses (including reasonable attorney fees) for which the South Suburban Special Recreation Association 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 South Suburban Special Recreation Association.

**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 signature.**

PLEASE PRINT

Participant's Name

\_\_\_\_\_

Parent/Guardian's Signature

\_\_\_\_\_

Date \_\_\_\_\_

**PARTICIPATION WILL BE DENIED**

**IF the signature of parent/guardian and date are not on this waiver.**