

**PROGRAM/SPECIAL EVENT MEDICATION DISPENSING FORM**

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

Does participant self-medicate?

- \_\_\_ Yes, please sign the Authorization for Release and turn into the SSSRA Office.
- \_\_\_ No, please complete the form below, sign the Authorization for Release and turn into the SSSRA Office.

1. This form must be turned into the SSSRA office one week before the program or special event.
2. Each medication must be pre-packaged in the envelope provided by SSSRA or the original "bubble pack" provided by the Residential Facility Nurse.
3. The envelopes should be clearly written and completed with all pertinent information.
4. There should be only one dosage of one type of medication per envelope.
5. Please list the name of the program(s) the medication will be taken at on the lines below.

\_\_\_\_\_

\_\_\_\_\_

Medication	Dosage	AM Time —:—	Noon	Dinner	PM Time —:—	Date & Time Given	Staff Signature

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: \_\_\_\_\_

\_\_\_\_\_

# **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, 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

By checking this box, you agree to a digital signature, and this digital signature shall substitute for and have the same legal effect as an original form signature.