



Medical Information Form

Program (please list all that apply)

Program/Event _____

Child's Last Name _____ Child's First Name _____ Birth date _____

Street Address _____ City _____ Zip _____

Primary Guardian's Last Name _____ Primary Guardian's First Name _____ Phone Number _____

Doctor's Name _____ Hospital _____ Phone Number _____

Medication Information

Medication: _____ Dose: _____ Time: _____

Dispensing/Storage Instructions: _____

Possible Side Effects: _____

Medication: _____ Dose: _____ Time: _____

Dispensing/Storage Instructions: _____

Possible Side Effects: _____

WAIVER AND RELEASE OF ALL CLAIMS

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. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication change. In all cases, medication dispensing can only be changed or modified by completing another Medical Information Form.

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 medication in a camp 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 Homewood-Flossmoor Park District, including its officials, agents, volunteers and employees; except for claims arising out of the willful and wanton conduct of the Homewood-Flossmoor Park District.

Primary Guardian's Signature _____ Date _____