



VILLAGE OF ORLAND PARK RECREATION DEPARTMENT
PROGRAM MEDICATION AUTHORIZATION FORM

If your participant takes medication, please read and complete this form in its entirety.

PARTICIPANT'S NAME _____ BIRTH DATE _____

ADDRESS _____ CELL PHONE _____

HOME PHONE _____

EMERGENCY PHONE NUMBERS

_____ (RELATION TO PARTICIPANT)

_____ (RELATION TO PARTICIPANT)

PROGRAM NAME _____

- Medication will not be dispensed without a signed Medication Form.
- Medicine **must** be sent in single doses, each in its own sealed envelope.
- The medication information below must be printed on each envelope.
- Please list all prescriptions that will need to be taken daily as well as over the counter medications.

To be completed by the child's parent:

	FIRST MEDICATION	SECOND MEDICATION	THIRD MEDICATION
Name of Medication	_____	_____	_____
Dose and Quantity	_____	_____	_____
Prescription Number	_____	_____	_____
Pharmacy Name	_____	_____	_____
Pharmacy Number	_____	_____	_____
Time to Administer	_____	_____	_____
Special Instruction	_____	_____	_____
	_____	_____	_____
Doctor's Name	_____	_____	_____
Doctor's Phone Number	_____	_____	_____

I hereby authorize the Village of Orland Park and its employees and agents, in my behalf and stead, to administer or attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees of the Village of Orland Park Special Recreation programs), lawfully prescribed medication in the manner described above during Special Recreation programs. I ACKNOWLEDGE THAT IT MAY BE NECESSARY FOR THE ADMINISTRATION OF MEDICATION TO THE PARTICIPANT TO BE PERFORMED BY AN INDIVIDUAL OTHER THAN A NURSE OR HEALTH AIDE (i.e. COUNSELOR), AND SPECIFICALLY CONSENT TO SUCH PRACTICE. I further acknowledge and agree that, when lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the Village of Orland Park, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the Village of Orland Park, its employees and agents, either jointly or separately, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent/Guardian Signature: _____ Date _____