

Waiver and Release of All Claims

The Lisle Park District will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian.

NAME OF PROGRAM: Gentle Learning Preschool **DATE:** _____

I _____ the parent/guardian of _____

give permission to the staff of the Lisle Park District to administer to my child

(Name of medication)

I understand it is my responsibility to give the medication directly to the Teacher in individual dosage containers, original prescription containers or envelopes clearly labeled with the following information.

- **Participant's Name**
- **Name of Medication and complete dosage instructions**

In all cases the recommended doses of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Lisle Park District 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 minor child. In consideration of The Lisle Park District administering medication to my minor child, I do hereby fully release or discharge The Lisle Park District, and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend The Lisle Park District, and its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with the administering of medication.

Signature of Parent or Guardian

Date