Child Information & Health History

Bensenville Park District

Attach Child's Photo Here

REQUIRED

Please Print - Fill out all sections completely

Child's Name _____

Home Address _____ City _____ Zip Code _____

Home Phone _____ Date of Birth _____ Age as of 9/1/23 _____

Guardian 1

Name _____

Address (if different from above)

_____

Home Phone (if different from above)

_____

Work Phone # _____

Cell Phone # _____

Email _____

Guardian 2

Name _____

Address (if different from above)

_____

Home Phone (if different from above)

_____

Work Phone # _____

Cell Phone # _____

Email _____

Emergency contact person if parents are unreachable

Name _____ Phone Number _____

Relationship to child _____

Illness and Injuries (check any chronic or recurring illness and explain below)

_____ Asthma _____ Hypertension _____ Heart Defect/Disease

_____ Diabetes _____ Ear Infection(s) _____ Musculoskeletal Disorders

_____ Seizures _____ Bleeding/Clotting _____ Other

Date of last Health Exam _____ Date of last Tetanus Shot _____

Physician's Name _____ Physician's Phone Number _____

Please explain any other chronic or recurring illness not listed above.

_____

_____

Allergies: (check any that apply and specify nature of allergic reaction below)

_____ Animal _____ Insect Stings _____ Pollen

_____ Food _____ Medications/Drugs _____ Other

Please list the specific nature of the allergic reaction(s).

_____

_____

Other Health Conditions (check all that apply and describe below)

_____ Hearing Impairment _____ Motion Sickness _____ Nosebleeds

_____ Emotional Disturbances _____ Fainting _____ Wears Glasses/Contacts

_____ Special Diet Regimen _____ Visual Impairment _____ Speech Impediment

_____ Takes Medication (list medication and reason on reverse side)

_____ Other _____

List any other health conditions you feel the staff should be aware of:

_____

_____

List any medication(s) the participant may take:

_____

_____

Activities your child should be restricted from:

_____

_____

I know of no reason(s) why my child should not participate in activities except as noted above.

Signature of Parent/Guardian: _____ Date _____

Information is used for informational purposes only and staff is not medically trained above basic first aid.

Parent or Guardian Consent Form

Bensenville Park District

1. In the event I cannot be reached in an emergency involving my child, I hereby give permission to the authorized personnel of the park district to provide emergency care through paramedics and, when necessary, a local hospital.

2. I give authorization to the following people, other than myself, to pick up my child (Person must be 18 years and older; list all persons **including spouse**, if applicable).

3. I understand that I, or authorized individuals listed on this form, will be asked to present a photo ID before I will be able to sign my child out of camp programs.

Please Print

Name	Relationship	Home Phone	Cell Phone
Guardian 1:			
Guardian 2:			
Approved Pick-up/Drop-off List	**Relationship**	**Home Phone**	**Cell Phone**

I give my permission for my child to be included in photos/video for publicity purposes. ☐ Allowed ☐ Not Allowed

Parent or Guardian Signature Date

Home Phone Cell Phone# Emergency Phone #

Child's Name

Bensenville Park District

Dispensing Medication Guide and Waiver

Issue

Members are asked to administer medication to patrons in a variety of situations. For example, it can be requested by parents of a pre-school child recovering from an illness (i.e. an antibiotic), by a participant in an emergency situation (i.e. administration of emergency medication in the event of an allergic reaction to food or an insect bite/sting), or as a reasonable accommodation under the American's With Disabilities Act (ADA).

In certain circumstances, the ADA obligates park districts, special recreation associations, and forest preserve districts to make reasonable accommodations for persons with special needs who will be participating in our park and recreation programs. One of the most common and reasonable requests is to assist a participant in taking prescription oral medication during a program session when they do not have the ability or capacity to do it on their own. Another common request is to assist in the self-administration of an auto-injector in the event of an emergency such as an adverse reaction to a bee sting or food allergy. This has been a standard practice in special recreation associations for some time. However, park districts are seeing many persons with special needs entering park district programs. Absent appropriate training and proper procedures to administer medication, there are potential safety and liability issues that could arise at an agency if the dispensing of medication is not administered properly.

Recommendation

It is recommended that all agencies who may have to dispense medication during agency programming should review the following medication dispensing guidelines and formulate specific policy to follow in the event this request is made by a patron or parent/guardian of a patron. Comprehensive medication dispensing guidelines will better prepare your staff to dispense medication in a safe and efficient manner.

To minimize the administration of a medication dispensing program, parents or guardians should be asked if the person can be medicated prior to entering the program. The agency's medical dispensing program should only be used when it is absolutely necessary to administer medication to a child or patron during program hours.

In some circumstances, the administration of medication cannot (or should not) be administered by staff because of specific and/or complex physician and/or manufacturer instructions. When in doubt, do not administer the medication. Rather, err on the side of caution and temporarily suspend participation until your agency has obtained legal advice through your corporate counsel, and/or PDRMA’s legal counsel.

Dispensing of Medication
Sample Procedures

I. Parental Procedures and Responsibilities

The parent/guardian **must**:

1. Complete the *Permission To Dispense Medication/Waiver and Release of All Claims* form;

2. Complete and sign the *Medication Dispensing Information* form;

3. Deliver all medication to the agency office in the original prescription bottle or in clearly marked containers which include the person's name, medication, dosage, and time of day medication is to be given;

4. Verbally communicate with agency staff regarding specific instructions for medication.

II. Staff Medication Dispensing Procedures

Agency program staff **must**:

1. Ensure that the Permission and Waiver to Dispense Medication Form and Medication and Dispensing Information Form are fully completed and signed by the parent/ guardian prior to the dispensing of any medication;

2. Ensure that only authorized staff accept medication which may include the executive director, superintendent of recreation, safety coordinator, program coordinator, recreation specialist, registrar, secretary or other designated staff;

3. Verbally communicate with the parent or guardian regarding any specific instructions regarding the dispensing or storage of the medication. It is also the responsibility of the authorized staff who receive medication to properly store medication in a locking cabinet or in a refrigerator as needed. **It is extremely important that stored medication is out of the reach of other patrons and particularly children.**

4. Obtain copies of all waivers, internal procedures, medical information forms, and medication logs when obtaining the prescription medication to be transported to the program site. All medication stored at a program site must be secured and only available to authorized program staff.

5. Program coordinators responsible for dispensing medication must strictly follow all written instructions on the medical information form, individual dose envelopes, and any information contained on original prescription container labels. In the event that conflicting dispensing information exists, medication should not be administered until the parent, guardian, or physician are reached by phone to obtain specific instructions.

6. Unless otherwise arranged, only paid and trained agency staff will be allowed to dispense medication.

7. Agency staff responsible for dispensing medication will fully complete the medication information contained on the medication log form. Medication dispensing logs should be completed until medication dispensing has ceased and completed medication logs should be turned into the agency's office and kept in a permanent file for at least three years at the conclusion of the program.

Medication Dispensing Information

This form must be completed for each program session or when medication changes.

BACKGROUND INFORMATION:

Participant's Name:_____ Age:_____

Address:_____

Parent's/Guardian's Name(s)_____

Daytime Phone:_____ Other Phone:_____

Program Name:_____

Doctor's Name:_____ Phone:_____

MEDICATION INFORMATION:

1. Name:_____ Dose:_____ Time:_____

   Dispensing & Storage Instructions:_____

   _____

   Possible Side Effects:_____

   _____

2. Name:_____ Dose:_____ Time:_____

   Dispensing & Storage Instructions:_____

   _____

   Possible Side Effects:_____

   _____

3. Name:_____ Dose:_____ Time:_____

   Dispensing & Storage Instructions:_____

   _____

   Possible Side Effects:_____

   _____

OTHER INFORMATION:_____

_____

_____

_____

I understand that it is my responsibility to give the medication directly to program staff with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles.

In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.

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.

_____ _____

Signature of Parent or Guardian **Date**

Bensenville Park District

Permission to Dispense Medication

Waiver and Release of All Claims

The Bensenville Park District will not dispense medication to a minor child or other Bensenville Park District participant until the Permission and Waiver to Dispense Medication and Medication Information Form has been fully completed by a parent or guardian. The agency's internal procedures on dispensing medication are available for review.

NAME OF PROGRAM:_____DATE:_____

I _____ the parent/guardian of _____
(Print Name) (Print Name)

give permission to the staff of the Bensenville Park District

to administer to my child _____.
(Name of Medication)

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

PARTICIPANT'S NAME:_____

NAME OF MEDICINE AND COMPLETE DOSAGE INSTRUCTIONS:

_____

_____

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Bensenville 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.

WAIVER & RELEASE OF ALL CLAIMS

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. 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.

In consideration of the Bensenville Park District administering medication to my minor child, I do hereby fully release or discharge the Bensenville 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 (or accrue to 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**

MEDICATION LOG **YEAR _____**

Participant's Name: **Program:** **Session:**

Medication: **Dosage:**

(only one medication per chart)

Date:													
Time													
Initials													

MEDICATION LOG **YEAR _____**

Participant's Name: **Program:** **Session:**

Medication: **Dosage:**

(only one medication per chart)

Date:													
Time													
Initials													

MEDICATION LOG **YEAR _____**

Participant's Name: **Program:** **Session:**

Medication: **Dosage:**

(only one medication per chart)

Date:													
Time													
Initials													

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 (Park District/SRA).

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 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 (District/SRA), including its officials, agents, volunteers and employees; except for claims arising out of the willful and wanton conduct of the (District/SRA).

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

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 form signature.

_____
Participant's Name (PLEASE PRINT)

_____
Parent/Guardian's Signature

Date_____

PARTICIPATION WILL BE DENIED
If the signature of parent/guardian and date are not on this waiver.

Early Childhood

Handbook Review Form

Bensenville Park District

The Bensenville Park District has created a new Early Childhood Parent Handbook for all families. Contained within it are explanations and guidelines which will make the Early Childhood program both a safe and positive place to play and learn. It is important that both parents and guardians review the Handbook and understand the policies and procedures.

Please sign and return the bottom portion to Early Childhood staff before the first day of attendance, along with all required forms. Thank you.

I have read and fully understand the procedures, policies, rules, and regulations outlined in the 2019-20 Early Childhood Parent Handbook. I am also aware that there are certain consequences that may affect me or my child(ren) for not following these policies and procedures.

_____ Parent Initials

I understand the late payment, and late pick up fees described in detail in this handbook.

_____ Parent Initials

I have fully read and understand the Bensenville Park District Early Childhood Code of Conduct and Behavior Management Policy.

_____ Parent Initials

I understand that only people that I have listed on my Parent or Guardian Consent Form will be allowed to pick up my child from the Bensenville Park District Early Childhood Program.

_____ Parent Initials

Parent/Guardian Signature Date