

Date Rcv'd: _____ Rcv'd by: _____ Checked by: _____ Receipt # _____

	<h1 style="margin: 0;">Warrenville Park District</h1>	<h2 style="margin: 0;">Summer Camp Registration</h2> <p style="font-size: small; margin: 0;">3S260 Warren Ave. Warrenville, IL 60555 • 630.393.7279 Fax 630.393.7282</p>
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Parent Last Name: _____ **Parent** First Name: _____

Street Address _____ City _____ Zip _____

Daytime Phone (9am-3pm) _____ Phone (after 3:00pm) _____

Camper First Name _____ **Camper** Last Name _____

Birthday _____ Gender _____ Age _____ Email: _____

Check boxes to make your selection, Core Camps are Full week only, Before Care & After Care can be daily/weekly

Week	FULL WEEK	M	T	W	TH	F	Fee	
June 3	<input type="checkbox"/>	_____						
Before Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
After Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
June 10	<input type="checkbox"/>	_____						
Before Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
After Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
June 17	<input type="checkbox"/>	_____						
Before Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
After Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
June 24	<input type="checkbox"/>	_____						
Before Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
After Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
July 1	<input type="checkbox"/>	_____			X	_____		
Before Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>		
After Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>		
July 8	<input type="checkbox"/>	_____						
Before Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
After Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
July 15	<input type="checkbox"/>	_____						
Before Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
After Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
July 22	<input type="checkbox"/>	_____						
Before Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
After Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
July 29	<input type="checkbox"/>	_____						
Before Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
After Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
August 5	<input type="checkbox"/>	_____						
Before Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
After Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Swim Level

___ Can't Swim ___ Shallow Only ___ Slides & Deep

Families are responsible for providing Life Vests

One camp shirt will be provided

T-shirt Size: ___ YS ___ YM ___ YL ___ YXL

___ AS ___ AM ___ AL

Additional Shirts \$5 each pay at Guest Services

DAY CAMP TYPE: (Please circle)

Weekly Fee R/NR

Runamuk (3-6) \$160/\$165
 July 1st (4 day wk) \$128/\$132

Explorers (7-10) \$160/\$165
 July 1st (4 day wk) \$128/\$132

Travel (11-14) \$165/\$170
 July 1st (4 day wk) \$132/\$136

Weekly / Daily R/NR

Before Care \$30/\$35 \$7/\$8

After Care \$40/\$45 \$9/\$10

No Refunds/Transfers once camp week has started

Camp Cancellation Information:

- 1. Camp Cancellations must be submitted in writing:** This can be done in person, complete and sign the camp cancellation/refund form or send an email request to **info@warrenvilleparks.org** including parent/child names, contact information , and details of your request.
- 2. No refunds on Daily Before Care or After Care once the camp week has started.**
- 3. Fourteen (14) days advance notice of cancellation is requested** to accommodate proper credit/billing and to provide proper staffing for camp. Upon approval of a cancellation, two options are available, a Household Credit or Refund.
 - A. Household Credit-**a credit is applied to the household for the amount paid, less any camp expenses prepaid by Warrenville Park District.
 - B. Refunds for Camp weeks 1-10** are subject to:
 - A 10% or \$5.00 minimum service charge per child per day or week enrolled.
 - Deduction of camp expenses prepaid by Warrenville Park District
- 4. No refunds will be given after the camp week begins without a doctor's note.** Camp fees will be prorated starting with the day the Cancellation/Refund Request form is received in the Park District Registration Office. The amount of the refund will be credited to your household balance and may be used to register for other programs.
- 5. Check Refunds** must be approved at the Warrenville Park District Board Meetings held on the third Thursday of each month, unless otherwise designated. Deadline for submission is the 30th of each month prior to the meeting.

WAIVER AND RELEASE Please read this form carefully and be aware that in signing up for and participating in programs/activities, you will be expressly assuming the risk waiving and releasing all claims for injuries you or your children might sustain arising out of these programs. As a participant in these Warrenville Park District programs, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs. I agree to waive and relinquish all claims I may have as a result of participating in the programs against the Warrenville Park District and its officers, agents, servants and employees. I do hereby fully release and discharge the Warrenville Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damages and losses which I may have or which may occur to me on account of participation in these programs. I further agree to indemnify and hold harmless and defend the Warrenville Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or arising out of, connected with, or in any way associated with the activities of these programs. In the event of an emergency, I authorize the Warrenville Park District officials to secure from any licensed hospital, physician and/or medical personnel, any treatment deemed necessary for any immediate care and agree that I will be responsible for payment of any and all medical services rendered. **The Warrenville Park District does not carry medical or accident insurance for program participants. Please review your own health insurance to be certain that you and your family have adequate coverage.**

Parent/Guardian, Adult Participant Signature

Parent/Guardian, Adult Participant (**please print**)



Warrenville Park District Summer Camp Payment Authorization Form

Primary Contact: _____

Child Name(s): _____

Phone Number: _____

Option 1. Paid in Full

Cash Check # _____

Credit Card Exp Date _____
Credit/Debit Card (Visa, MasterCard or Discover)

We do not accept American Express

Option 2. Automatic Billing

Auto Billing requires a Credit/Debit Card and will be set up to automatically draw payments from your account on specific dates.

Credit/Debit Card (Visa, MasterCard or Discover) **We do not accept American Express.**

Exp Date _____

For Credit/Debit Card Processing Only. I give Warrenville Park District permission to use the card on file to pay for any/all fees as agreed upon only when they are due. **Credit Card declined for insufficient funds** will be charged \$25 NSF fee no exceptions.

I have read and understand the Warrenville Park District Automatic Billing Policies and fees.
Sign and return the Payment Authorization form at the time of registration with your camp packet,

Signature

Date



Emergency Contact Information-Required

(Please provide contact information during camp hours 7:30am-5:30pm)

CAMPER(s)NAME _____ Birthdate _____ Age: _____

CAMPER(s)NAME _____ Birthdate _____ Age: _____

CAMPER(s)NAME _____ Birthdate _____ Age: _____

Home Address _____

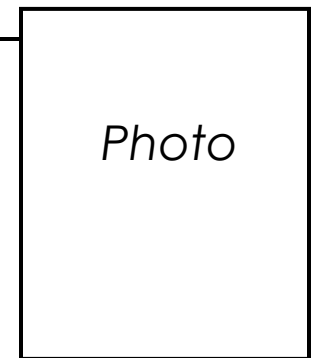
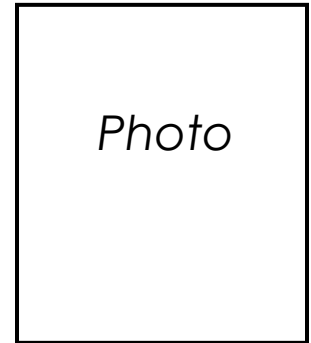
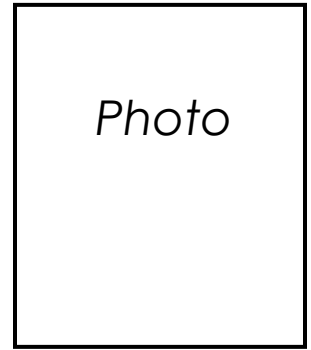
City/State _____ Zip _____

Parent / Legal Guardian _____

Work Ph _____ Cell Phone _____

Parent / Legal Guardian _____

Work Ph _____ Cell Phone _____



Emergency Contacts-Other than Parent/Guardian listed above

Available during Summer Camp hours:

if parent/guardian is not available in an emergency notify: _____

#1 Emergency Contact Person _____

Relationship to Child _____

Phone/Cell (while child is attending summer camp) _____

#2 Emergency Contact Person _____

Relationship to Child _____

Phone/Cell (while child is attending summer camp) _____

Medical/Health Information Summary

The parent/legal guardian must complete the following information.

Allergies-List known:

Describe Reaction/Action to be taken

Food _____

Other _____

Dietary Restrictions: Does Not eat: Peanuts Tree Nuts Pork Poultry Seafood Eggs Dairy Other

My child requires additional staff support to participate in this program, circle response **Yes or No**

My child has the following medical/Behavioral conditions:

Medication Information:

My child requires medication while at camp, circle response **Yes or No**

If yes, you must complete the Dispensing of Medication Form and give it to the program supervisor. This form is available in the Registration Office.

Use this space to provide any additional information about the participants behavior and physical, emotional or mental health, medical conditions about which the camp should be aware:

Explain any restrictions to activity: (what cannot be done, what adaptations/limitations are necessary.

Pick Up Authorization-Person/s allowed to pick-up my child (ren):****

Listed below are the names of those individuals whom the Warrenville Park District staff may release my child(ren) to if I am unable to pick him/her up from summer camp. I understand that I should notify the Park District any time I or anyone else listed will be unable to pick my child(ren) up and understand that the Park District reserves the right not to release my child(ren) to anyone but me if no notification is made. Any person listed or not listed on the designated pick-up list below will require a photo ID for pick up.

1) NAME_____

RELATIONSHIP_____PHONE_____

2) NAME_____

RELATIONSHIP_____PHONE_____

3) NAME_____

RELATIONSHIP_____PHONE_____

Walker/Biker Waiver-Only sign if you will allow your child to Walk or Bike home****

By providing my signature below, I am giving my permission for my child(ren) to walk/bike home. I understand when weather conditions are severe, I am responsible to have my child picked up by 3:30p.m. Camp staff will attempt to contact the child's guardian prior to 2:30p.m. to inform them of severe weather.

NAME(S) OF CHILD(REN):

1. _____

2. _____

3. _____

Parent/Guardian Signature

Date



Warrenville Park District Summer Camp Behavior Management/Code of Conduct

BEHAVIOR

All participants, parents, siblings, volunteers and affiliate groups are expected to exhibit appropriate behavior at all times. The following guidelines have been developed to help make all of the Park District programs, events and affiliate programs safe and enjoyable for all participants. Additional rules may be developed for specific programs as deemed necessary by staff.

Warrenville Park District insists that all participants, parents, siblings, volunteers and affiliate groups comply with a basic behavior code. All participants, parents, siblings, volunteers and affiliate groups shall:

1. Show respect to all participants, staff and volunteers.
2. Follow all Program/Event rules and take direction from staff.
3. Refrain from using abusive or foul language.
4. Refrain from threatening or causing bodily harm to self, other participants or staff.
5. Refrain from harassment of any kind to other participants or staff.
6. Refrain from any type of bullying.
7. Refrain from any type of aggressive and violent behavior during park district or affiliate sponsored programs.
8. Show respect for equipment, supplies and facilities.
9. Not possess any weapons.

The Warrenville Park District expects all individuals to conduct themselves in a manner in keeping with their levels of development, maturity and demonstrated capabilities with a proper regard for the rights and welfare of other individuals, staff, volunteers and district officials.

DISCIPLINE

A positive approach will be used regarding discipline. Staff will periodically review rules with participants during the program session. If inappropriate behavior occurs, a prompt resolution will be sought specific to each individual's situation. Warrenville Park District reserves the right to dismiss a participant, parent, sibling or affiliate whose behavior endangers his or her own safety or the safety of others.

Factors for Determining Consequences:

- Age, development and maturity levels of parties involved
- Degree of harm (physical and/ or emotional distress)
- Nature and severity of behavior
- Past incidents and/or continuing pattern(s) of behavior

PROCEDURES

Upon registration the parent/guardian will be solicited for any information regarding special accommodations needed for the participant. If any of these special accommodations are behavior related, the parent/guardian will be contacted for information about any behavior modification programs in place at school or home. Attempts will be made to utilize these in the program. For Warrenville Park District Programs, the inclusive coordinator from the Western DuPage Special Recreation Association (WDSRA) will be contacted for guidance. Documentation will be maintained regarding any problem behaviors, special accommodations, and behavior modification programs.

If the participant, parent, sibling, volunteer, or affiliate exhibits inappropriate actions, the following guidelines should be followed:

1. Program Leaders/Supervisors/Administrative Staff/Affiliate Boards should determine the severity of the action and immediately take steps to correct it. These may include but are not limited to:
 - A verbal warning.
 - Child participants: a supervised time-out from the program. (One minute for each year of their age will be used for time-outs.) The type of time-out may vary according to the situation (observational: from sidelines of activity; exclusion: away from the group but within view of the activity; seclusion: time-out area with staff member present away from view of the activity). If physical restraint is used to protect against injury, the time-out will be documented on an Incident Report Form.



Warrenville Park District Summer Camp Behavior Management/Code of Conduct

- Participants, parents, siblings, volunteers and affiliates: a suspension from the program or activity for a designated time period. When determining the timeframes of suspension, staff will consider the severity of the actions, the length of the program or activity, any past behavior issues with the individual and willingness to improve their inappropriate behavior.
 - Participants, parents, siblings, volunteers and affiliates: dismissal from the program or activity. If inappropriate behavior persists or the behavior completely disrupts a program, removal from the program or activity may be necessary. Once again, the Warrenville Park District reserves the right to dismiss a participant, parent, sibling, volunteer or affiliate whose behavior endangers his or her own safety or the safety of others.
 - Affiliate members: the incident will be reported to the Affiliate Board President.
2. If a participant or sibling receives a time-out or a suspension, the supervisor of the program will contact the parent/guardian. The supervisor will explain the inappropriate actions that were observed by the staff.
 3. Communication between staff and parent should be ongoing regarding further incidents of inappropriate behavior. Some other options may be discussed with the parent/guardian including:
 - Transfer to another program where inappropriate behavior may be less prone to occur.
 - Limited/reduced timeframe that participant, parent or sibling is allowed to attend the program.
 4. Appeals by the participant, participant's parent/guardian, volunteer or affiliate should be directed to the Executive Director.
 5. Legal action, if required, will be discussed with the Executive Director.

WHEN TO CONTACT THE POLICE

- If a participant or sibling makes a direct threat of hurting himself or others, call the parent/guardian immediately. If a parent/guardian is not available, call the police.
- If a parent, volunteer or affiliate member makes a direct threat of hurting himself, or anyone else, call the police.
- If a participant, parent, sibling, volunteer or affiliate becomes overly aggressive and/or violent, call the police.

Parental Responsibility:

I have discussed the code of conduct with my child/ren.

I will support the Warrenville Park District summer camp staff to create a mutual relationship that will benefit both the family (participant) and adhere to the Park District Code of Conduct.

Parent Signature: _____ Date: _____

Parent Printed Name: _____ Date: _____

Child/ren: _____

Warrenville Park District
SUMMER Camp WAIVER & RELEASE

Important Information

The Warrenville Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Warrenville Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the summer camp must recognize that there is an inherent risk of injury arising out of this activity.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Participants must understand that depending upon the particular activity, certain risks, dangers and injuries due to acts of God, inclement weather, slips and falls, inadequate or defective equipment, inadequate supervision or instruction, premises defects, carelessness, horseplay, vehicle accidents and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Warrenville Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this field trip/outing, 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 as a result of participating in any and all activities connected with and associated with summer camp (including services and vehicle operations), when provided.

I recognize and acknowledge that there are certain risks of physical injury to participants in summer camp 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 participation. 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 participating in summer camp trips against the Warrenville Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "Warrenville Park District").

I do hereby full release and forever discharge the Warrenville Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have to which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with summer camp.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. 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.

PLEASE PRINT: Participant(s) Name

_____ Date

_____ Date

Participant's Guardian Signature _____
(18 years or older or Parent/Guardian)

PARTICIPATION WILL BE DENIED

If the signature of adult participant or parent/guardian and date are not on this waiver.



Dispensing of Medication 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 receives 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.

Dispensing of Medication
Procedures
Page 2

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 one year 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: _____

(Over)

Medication Dispensing Information Form
Page 2

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 RECREATION SUPERVISOR/CAMP DIRECTOR with full instructions in individual dosage container AND ALSO 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

Warrenville Park District

Permission to Dispense Medication *Waiver and Release of All Claims*

The Warrenville 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. The agency's internal procedures on dispensing medication is available for review.

NAME OF PROGRAM: _____ **DATE:** _____

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

give permission to the staff of the Warrenville Park District

to administer to my child _____
(Name of Medication)

I understand it is my responsibility to give the medication directly to RECREATION SUPERVISOR/CAMP SITE SUPERVISOR with full instructions in individual dosage container AND ALSO in original prescription bottles.

AND ALSO in original prescription bottles/containers 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 Warrenville 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.

(Over)

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 Warrenville Park District administering medication to my minor child, I do hereby fully release or discharge the Warrenville 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 of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend the Warrenville 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

MEDICATION LOG

YEAR 20_____

Participant's Name:

Program:

Session:

Medication:

Dosage:

(only one medication per chart)

Date:													
Time													
Initials													

MEDICATION LOG

YEAR 20_____

Participant's Name:

Program:

Session:

Medication:

Dosage:

(only one medication per chart)

Date:													
Time													
Initials													

MEDICATION LOG

YEAR 20_____

Participant's Name:

Program:

Session:

Medication:

Dosage:

(only one medication per chart)

Date:													
Time													
Initials													