

Date _____

Detroit Zoo Safari Camp Authorization for Dispensing Medication

Prescription Medications: Must be in their original containers labeled with the child's first and last name, date prescription filled, name of licensed physician, expiration date, and specific instructions for administration. Medications will only be administered as instructed on label.

Non-prescription Medications: Can be given if advised by licensed physician with permission and direction from parent or legal guardian. Must be in original container labeled with first and last name of child. Medications will only be administered as instructed on label.

Child's Name: _____ **Date of Birth:** _____

Camp: _____

Medication: _____ **Expiration Date:** _____

Type of Medication (circle): Daily Emergency

Purpose of Medication (optional): _____

Form of medication (circle): tablet/capsule liquid inhaler injection nebulizer other _____

Instructions (Schedule & Dose): _____

Date and Time of Last Dose Given: _____

Storage Requirements (circle): Refrigerate Room temperature Emergency Medication Kept On Child

Location (circle): To Be Kept at Camp all Week Sent Home Daily

Administration:

- Administered by Camp Director or Supervisor
- Self-Administered under Supervision of Camp Director or Supervisor
- Self- Administered without Supervision

Possible Side Effects: _____

Name of Prescribing Physician: _____ **Phone:** _____

I hereby give my permission for Detroit Zoo Safari Camp Staff to administer the above medication to my child at the times specified.

Signature: _____

Date: _____

Printed Name : _____

Relationship to Child: _____