

Child First and Last Name.

## **Safari Camp Medication Protocol**

If you are bringing any medication to camp with your child (including rescue inhalers and EpiPens), you must adhere to the following guidelines:

- Morning/evening dose of medications should be given before or after your child attends camp. Only medications with a dosage schedule that cannot be adjusted for camp hours should be administered during the day.
- ALL medications must be given to a Camp Supervisor by an adult. Prescription medications must be in the child's name and in its original bottle. Adults should advise whether the medication should be returned at the end of each day or stay at the Zoo for the duration of camp.
- A medication authorization form must be filled out completely for each medication to be administered at camp. We will NOT administer medication without a completed form until we are able to reach a parent by phone.
- All medications must be in their original packaging and labeled with appropriate prescription, dosing and/or pharmaceutical information. Liquid medication must be accompanied with an appropriate measuring cup/syringe.
- We must have the child's first and last name and exact time medication is to be given.
- We are unable to accept damaged/expired medications or loose medicine in unmarked packaging or give medication on an "as needed" basis.

## MEDICATION AUTHORIZATION FORM – BLANK PARK ZOO SAFARI

Data:

PM						
AM						-
	Monday	Tuesday	Wednesday	Thursday	Friday	
Record	that medication w	vas distributed (Tim	ne & Staff initials):			
NOTE TO PARENTS: Medications must be in their original packaging and clearly labeled with child's first and last name and appropriate prescription, dosing and other pharmaceutical information. Liquid medications must be accompanied with an appropriate measuring cup/syringe. All non-emergency medications will be stored in a locked cabinet inside the Camp Office. We are unable to accept damaged/expired medications or loos medications in unmarked packaging, or medications on an "as needed" basis.						
Signa	gnature Date					
I verify that the above information is accurate and authorize Blank Park Zoo Safari Camp Staff to administer medication to the above child.						
Special instructions for giving medicine:						
Route of medicine as on the label:			Possible side effects:			
			Time of day medicine is to be given at camp:			
Name of Medicine on the label:			Medicine dose on the label:			
	i ii st aiid Last Nai			Date		

Signature that parent received medicine container at the end of camp: