

MEDICATION CONSENT FORM – BLANK PARK ZOO SUMMER SAFARI

Child Name: _____ Date: _____

Name of Medicine on the label: _____

Medicine dose on the label: _____

Time of last dose given: _____

Time of day medicine is to be given at camp: _____

Route of medicine as on the label: _____

Possible side effects: _____

Special instructions for giving medicine: _____

I verify that the above information is accurate and authorize Summer Safari Camp Staff to supervise the camper in administering his/her medication.

Signature _____ Date: _____

NOTE TO PARENTS: Medications must be in their original packaging and clearly labeled with camp child’s name and appropriate prescription, dosing and /or other pharmaceutical information. Liquid medications must be accompanied with an appropriate measuring cup/syringe. All medication will be stored in a locked drawer inside the Camp Office. We are unable to accept damaged/expired medications or loos medications in unmarked packaging.

Record that medication was distributed (Time & Staff initials):

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

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

_____ Date: _____