



# Potawatomi Zoo Summer Camp Medicine Administration Form

**Parent/Guardian:** This form must be turned in to the Potawatomi Zoo's Education Department's Education Curator at least two (2) weeks prior to your child attending Zoo Camp. The form can be dropped off at the Zoo with Attention to Education Curator or emailed at [education@potawatomizoo.org](mailto:education@potawatomizoo.org). Please call Education Curator at 574-235-7621 if you have any questions regarding this form.

1. All information on form below must be completed and signed by a legal guardian for medication to be administered to camper while attending Zoo Camp.
2. Medication to be refrigerated must be identified when given to the Camp Counselor.
3. By law, all medications must be in the original container with prescription label in place and legible. Prescription medications will not be administered if medication(s) are not in original prescription container.
4. All medications will be kept in the Education Curator's office unless it must be administered immediately in an emergency.
5. The prescription medications listed below will be the only prescription medications administered.
6. Camp counselors will bring camper to the Education Curator's office. Medications will be provided only to those campers bearing a name tag with first name noted.
7. **A separate Medicine Administration Form must be completed for each medication to be administered at camp.**

NAME OF CAMPER: \_\_\_\_\_

CAMPER'S DATE OF BIRTH: \_\_\_\_\_

DOES YOUR CAMPER CARRY AN EPI-PEN? (circle one) YES NO

DOES YOUR CAMPER CARRY AN INHALER? (circle one) YES NO

WILL YOUR CAMPER BE REQUIRED TO TAKE MEDICATION DURING ZOO CAMP HOURS?  
(circle one) YES NO

*Please note: Any medication that is to be administered to a camper routinely or in an emergency must be given to the Zoo Camp Counselor in a prescription bottle with the following information clearly displayed: child's name, name of medication & instructions. Camp Counselor will immediately turn medications into Education Curator unless it would need to be administered immediately in an emergency.*

NAME OF MEDICATION: \_\_\_\_\_

DOSAGE: \_\_\_\_\_

TIME(S) TO BE GIVEN: \_\_\_\_\_

REASON FOR MEDICATION: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

GUARDIAN/PARENT NAME: \_\_\_\_\_

GUARDIAN/PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### Administrative Use Only:

Accepted by:	Location of Medication:	Date Returned to Guardian: