



Medication Administration Authorization Packet

Safari Camp

Hello Camp Parents and Guardians,

Thank you for registering your child for Summer Safari Camp with Zoo Atlanta. We strive to provide a fun and educational camp experience for every camper. If your child has a condition that requires the administration of medication or testing during camp, please read this packet to understand Zoo Atlanta policies and complete the required authorization forms.

Atlanta Fulton County Zoo, Inc. (Zoo Atlanta) and all of its Camps (Summer and Schools Out Camps), have CPR and First Aid trained staff on site in case of an emergency situation. Zoo Atlanta has a Lead Paramedic who oversees our medical response program. When a Zoo Medic is not on site to administer medication, a trained and delegated Zoo Atlanta Staff administers medications.

Medications

Please complete the attached form(s) if your child may need administration of medication while at camp. Medications able to be administered at camp include lifesaving medications and medications for chronic illnesses. Zoo Atlanta is not able to administer any controlled substances or over-the-counter medications (i.e. Tylenol, Advil, Claritin, etc.) for acute illnesses (i.e. seasonal allergies, headaches, colds, etc.).

Zoo Atlanta staff may assist in the administration of lifesaving medications (EpiPens, inhalers, allergy medications for severe allergies, etc.), if necessary, upon written consent of the parent(s)/legal guardian(s) and with written physician's orders. Zoo Atlanta is not able to accommodate administration of medication via needle and vial (this excludes auto-injectors and insulin pens) nor administration of any rectally delivered medications.

All non-emergency medications are locked on site and administered according to the instructions written and signed by the child's Health Care Provider.

Emergency medication for a chronic illness such as asthma, allergies (excluding seasonal allergies), or diabetes shall be carried by the child via fanny pack at all times and administered according to separate Care Plan Instructions written and signed by the child's Health Care Provider. A responsible, trained child may self-administer medications for a chronic illness such as asthma, allergies, or diabetes, if recommended in the separate Care Plan by the Child's Health Care Provider, and the authorization for self-administration of medication or testing form in this packet is completed and approved by Zoo Atlanta.



Medication Administration Authorization Packet

Safari Camp

The Health Care Provider Information Form (Completed by Health Care Provider) is valid for up to one year from date signed by the child's Health Care Provider. In the event any changes are made, an updated form must be provided to Zoo Atlanta.

Prescription medications must come in the original container labeled with child's name, name of medicine, time medicine is to be given, dosage, route, date medicine is to be stopped, and licensed Health Care Provider's name. Pharmacy name and phone number must also be included on the label.

Over the counter medication must come in original container labeled with child's name written on package.

Please complete and submit the forms in this packet TWO WEEKS prior to your camper's first day of camp.

- If your child has a chronic illness (asthma, allergies, diabetes, etc.) we also require a separate Care Plan written and signed by the child's Health Care Provider
- Forms can be emailed to education@zoatlanta.org with the subject line *Medication Forms Child's First Name Child's Last Name (i.e. Medication Forms John Doe)*

Sincerely,

A handwritten signature in black ink that reads "Staci Wiech".

Staci Wiech
Vice President of Education



Medication Administration Authorization Packet

Safari Camp

1

Medication Administration Authorization (Completed by Parent/Guardian)

Child's Name:	Camp Title(s) and Dates:
Name of Medication:	Dosage:
Days and Times to be Given:	

Zoo Atlanta agrees to administer medication prescribed by a licensed Health Care Provider with prescriptive authority, **subject to our medication policy**. The parent/guardian agrees to pick up medication at the end of each day. Medication is not allowed to be stored overnight at Zoo Atlanta. All medication(s) left at Zoo Atlanta will be discarded according to the most current state regulatory recommendations for safe medication disposal.

By signing this document, **I affirm I have read and reviewed Zoo Atlanta's Medication Administration Authorization Packet**. I give permission for trained and delegated Zoo Atlanta Staff and/or the Zoo Atlanta Medics to administer the above listed medication to my child, according to the dosage and times described above, which must match the Health Care Provider's instructions on Section 2 of this form. I also give permission to my child's Health Care Provider to share information about the administration of this medication with Zoo Atlanta Staff and Zoo Atlanta Medics.

I take responsibility and assume any and all risks arising from this permission. I understand that the medication must be in the original pharmacy container, unexpired, labeled with the child's name, name of medicine, time medicine is to be given, dosage, route, date medicine is to be stopped, licensed Health Care Provider's name, pharmacy name, and phone number (or for over-the-counter medication, must be in original container labeled with child's name).

I understand that by signing this form I hereby **release, waive, discharge** the Atlanta Fulton County Zoo, Inc. (Zoo Atlanta), and any Zoo Atlanta Staff, Educators, Volunteers, Medics, and any associated entities or employees of any associated entities against any and all liability, to me, my child/children, my spouse, legal guardians, my legal representatives, heirs, and assignees for any and all losses and/or resultant damages that result from the administration of the above listed medicine to my child.

I agree to **indemnify and defend** the Atlanta Fulton County Zoo, Inc. (Zoo Atlanta) and any Zoo Atlanta Staff, Educators, Volunteers, Medics, and any associated entities or employees of any associated entities against, and hold them harmless from, any and all claims, cause of action, damages, judgments, costs and expenses, including attorney fees, which in any way result from the administration of the above listed medicine to my child.

Parent/Legal Guardian Name (printed):	
Parent/Legal Guardian Signature:	Date:
Primary Phone:	Alternate Phone:

FOR INTERNAL ZOO ATLANTA USE ONLY – REVIEW OF MEDICAL ADMINISTRATION AUTHORIZATION

Signature, Zoo Atlanta Lead Medic:	Date:
Signature, Zoo Atlanta Manager of School and Family Programs:	Date:
Notes:	



Medication Administration Authorization Packet

Safari Camp

2

Health Care Provider Information Form (Completed by Health Care Provider)

The following is to be filled out by the Child's Health Care Provider with Prescriptive Authority for prescription or over the counter medication needing to be administered during camp. *(If your child has a Care Plan for a chronic illness such as asthma, allergies, or diabetes, we require a copy of a separate Care Plan written and signed by the child's physician, instead of this form.)*

Child's Name:		Birthdate:
Medication:	Dosage:	Route:
To be given at the following times:	Start Date:	End Date:
Special Instructions:		
Purpose of Medication:		
Side Effects to be reported:		

Health Care Provider Name (printed):	
Health Care Provider Signature:	Date:
Phone:	Fax:

FOR INTERNAL ZOO ATLANTA USE ONLY- REVIEW OF HEALTH CARE PROVIDER FORM

Signature, Zoo Atlanta Lead Medic:	Date:
Signature, Zoo Atlanta Manager of School and Family Programs:	Date:
Notes:	



Medication Administration Authorization Packet

Safari Camp

3

Authorization for Self-Administered Medications for Chronic Conditions (Completed by Parent/Guardian)

Please complete this form if your child has a chronic illness such as asthma, allergies (excluding seasonal allergies), or diabetes, that requires your child self-administer their medication while participating in Zoo Atlanta’s Safari Camp.

Child’s Name:	Camp Title and Dates:
Name(s) of Medication:	Dosage:
Route:	To Be Taken at the Following Times:
Purpose of Medication:	
Check location where medication will be stored:	
<input type="checkbox"/> Lifesaving medications shall be carried on child via fanny pack (inhalers, epi-pens, insulin, etc.) <input type="checkbox"/> Oral medications and other non-lifesaving medications shall be stored in Medication lock box and child must see Medic or Camp Educator for medication	

I request that my child, named above, be permitted to self-administer the above ordered medication(s).

I understand that the medication must be in the original pharmacy container, unexpired, labeled with the child’s name, name of medicine, time medicine is to be given, dosage, route, licensed Health Care Provider’s name (if applicable), pharmacy name (if applicable), and phone number (if applicable). I will ensure my child understands the responsibilities of self-administering this medicine.

I attest that my child is able to properly administer their medication, has appropriate self-care skills, knows when to notify a Camp Educator if their health condition is presenting unusual difficulty, and understands that they may not share nor allow anyone else to use their medication.

I understand that Zoo Atlanta reserves the right to withdraw this privilege if the child shows signs of irresponsible behavior, inability to carry out the administration of the medication, or if there is a safety risk. I understand that Zoo Atlanta staff will contact the parent(s) as soon as possible in this event and will discuss options with the parent(s).

By signing this document, I take responsibility and assume any and all risks arising from this permission. I understand that by signing this form I hereby **release, waive, discharge** Atlanta Fulton County Zoo, Inc. (Zoo Atlanta), and any Zoo Atlanta Medics, Staff, Educators, Volunteers, and any associated entities or employees of any associated entities against any and all liability, to me, my child/children, my spouse, legal guardians, my legal representatives, heirs, and assignees for any and all losses and/or resultant damages that result from the self- administration of the above listed medicine by my child. I agree to **indemnify and defend** Atlanta Fulton County Zoo, Inc. (Zoo Atlanta) Medics, Staff, Educators, Volunteers, and any associated entities or employees of any associated entities against, and hold them harmless from, any and all claims, cause of action, damages, judgments, costs and expenses, including attorney fees, which in any way result from the self-administration of the above listed medicine by my child.

Parent/Legal Guardian Name (printed):	
Parent/Legal Guardian Signature:	Date:
Primary Phone:	Alternate Phone:

FOR INTERNAL ZOO ATLANTA USE ONLY- REVIEW OF SELF-ADMINISTRATION FORM

Zoo Atlanta permits the above child to administer the above medication and/or testing supplies according to the Health Care Provider’s instructions and will ensure Camp Educators understand the physician’s order, will carry the medication and provide to camper when needed. Zoo Atlanta Staff reserve the right to withdraw this privilege if the child shows signs of irresponsible behavior, inability to carry out the self-administration of the medication and/or testing, or if there is a safety risk. Zoo Atlanta Camp staff will contact the parent/guardian as soon as possible in this event and will discuss options with the parent/guardian.

Signature, Zoo Atlanta Lead Medic:	Date:
Signature, Zoo Atlanta Manager of School and Family Programs:	Date: