



Request for Administration of Medication During Camp

All medications **MUST** be in the original container with the original label to be administered during camp. Prescription medications **MUST** be labeled with a prescription for the camper from a medical doctor to be administered during camp. Minnesota Zoo staff will not administer expired medications.

SECTION 1- MUST be completed and signed by the Parent/Guardian:

Parent/Guardian Instructions: Use one form per medication—a new form is needed for every camp.
I authorize Minnesota Zoo staff to administer the below medication as described during camp hours.

Name of Parent/Guardian: _____ Phone #: _____

Name of Child: _____ Birthdate: _____ Weight: _____

Name of Camp: _____ Dates of Camp: _____

Name of Medication: _____ Exact Dosage: _____ Expiration Date: _____

Time(s) and Date(s) to be Administered: _____

Duration to be Administered: _____

Where do you want to store the Medication during camp? Choose one:

- ☐ In the medical office ☐ With the camp instructor ☐ With my child (e.g. inhaler or EpiPen)

Does this Med require specific storage such as refrigeration or avoiding exposure to light? _____

If you would like Zoo Staff to store the Medication, should it go home at the end of each day or do you want it stored overnight at the zoo for the duration of the camp? Choose one:

- ☐ Stored overnight at the Zoo during the week ☐ Should go home at end of each day

Who do you want to administer the medication to your child during camp? Choose one:

- ☐ Camp Instructor ☐ My child

Is there anything else you would like us to know about this medication and/or administering this medication to your child?

X Signature of Parent/Guardian: _____ Date: _____

SECTION 2 - for Minnesota Zoo staff use only

(Name of Child)_____ was given (Name of Medication)

_____ on the following dates and times, and in the following doses:

Date	Dose	Time	Signature of Minnesota Zoo Staff

Completed Forms can be mailed or emailed to:

Minnesota Zoo – Education Dept

Medication Permission Form

13000 Zoo Boulevard

Apple Valley, MN 55124

educate@mnzoo.org