



Denver Zoological Foundation
SUMMER SAFARI DAY CAMP
MEDICATION AUTHORIZATION

SELF CARRY/SELF ADMINISTER FORM

The Denver Zoological Foundation/Summer Safari Day Camp has CPR and First Aid trained Security staff on site, capable of quick response to any emergency situation. We do not have a trained medical professional on site. We do not store, dispense or administer medication or perform any medical testing.

If your child is in need of any regular daily medication (prescription or over-the-counter) or medical testing (such as diabetic monitoring), he/she may carry the medication on his/her person and must be trained and able to administer these medications or perform the testing him/herself. If he/she cannot, you must arrange for a caregiver to come to the zoo each day of camp to administer the medication or testing.

A responsible, trained child may carry on his/her person and self-administer medications that are not used regularly (such as for asthma (wheezing) or severe allergic (anaphylactic) reaction) for immediate use in a life-threatening or other appropriate situation.

Self-administration of medication or testing requires this form to be filled out in its entirety and approval by the Denver Zoological Foundation/Summer Safari Day Camp.

PHYSICIAN/PRESCRIBING HEALTH CARE PROVIDER

Date _____

CHILD'S NAME: _____ BIRTH DATE: _____ GRADE: _____

MEDICATION NAME: _____

DOSE: _____ METHOD OF ADMINISTRATION: _____

TIME/FREQUENCY: _____

DIAGNOSIS: _____

PRECAUTIONS, INTERVENTIONS, COMMENTS _____

IN MY OPINION, THIS CHILD SHOWS CAPABILITY TO CARRY AND SELF-ADMINISTER THE ABOVE MEDICATION

Physician's signature

Print name

Phone #

Fax #

Address, City, State, ZIP

PARENT/GUARDIAN AUTHORIZATION

I request that my child, named above, be permitted to carry and self-administer the above ordered medication. I take responsibility for this permission. I understand that the medication must be in the original pharmacy container, labeled with name of child, prescribing health care provider, and medication; date of original prescription; strength and dose of medication; and directions for use.

I understand that zoo staff will permit the above child to carry/administer the above medication and be responsible for its administration, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior, inability to carry out the task, or if there is a safety risk. I understand that Denver Zoo will contact the parent(s) as soon as possible in this event, and will discuss options with the parent(s). Caregiver presence at camp may be required, or the child may not be able to attend the rest of the camp session.

Parent Signature

Date

Denver Zoo Approval Signature (Family Programs Manager)

Date

REQUIRED AUTHORIZATIONS FOR ALL SELF-ADMINISTERED MEDICATIONS AND/OR TESTING

Parent/Guardian Authorization:

I request that my child, named above, be permitted to carry and self-administer the above ordered medication(s) and/or medical test. I take responsibility for this permission. I understand that the medication must be in the original pharmacy container, unexpired, labeled with the name of my child, the name of the prescribing health care provider, name of the medication, the date of original prescription, strength and dose of medication, and directions for use. I will ensure that any medication device has medication in it and will discuss the responsibilities of self-administering this medicine with my child.

I understand that the Denver Zoological Foundation/Summer Safari Day Camp staff reserves the right to withdraw this privilege if my child shows signs of irresponsible behavior, inability to carry out the self-administration of the medication, or if there is a safety risk. The Denver Zoological Foundation/Summer Safari Day Camp staff will contact me as soon as possible in this event and will discuss options with me. Caregiver presence at camp may be required, or my child may not be able to attend the rest of the camp session.

I understand that by signing this form, I am releasing the Denver Zoological Foundation/Summer Safari Day Camp, any Denver Zoological Foundation/Summer Safari Day Camp staff, instructors, volunteers, employees, and any associated entities or employees of any associated entities from any liability resulting from the self-administration of the above listed medicine to my child, except in cases of willful or wanton conduct.

Signature of Parent/Guardian

Child Authorization:

I will keep the medication and/or testing supplies with me at all times. I will only use the medication and/or testing supplies in a manner consistent with my physician's order. I know how to properly administer my medication and/or testing and have appropriate self-care skills. I will notify a Summer Safari instructor or administrator if my health condition is presenting unusual difficulty. I will not allow any other individual to use my medication and/or testing supplies.

Signature of Child

Denver Zoological Foundation/Summer Safari Day Camp Authorization:

The Denver Zoological Foundation/Summer Safari Day Camp staff permits the above child to carry/administer the above medication and/or testing supplies and be responsible for its administration. The Denver Zoological Foundation/Summer Safari Day Camp understands the physician's order for time and dosage and is aware and will make appropriate staff members aware of, the child's condition and need for the child to carry and self-administer the medication and/or testing. A Denver Zoological Foundation/Summer Safari Day Camp staff member shall be instructed to make a 911 emergency call if the child has an exposure that results in the need to use the Epi-Pen.

The Denver Zoological Foundation/Summer Safari Day Camp staff reserves 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. The Denver Zoological Foundation/Summer Safari Day Camp staff will contact the parent/guardian as soon as possible in this event and will discuss options with the parent/guardian.

Signature of Family Programs Manager



DENVER ZOO EPI-PEN PRESCRIBER/PARENT AUTHORIZATION

If your child carries an Epi-Pen for use in **severe allergic** (anaphylactic) **reaction**, Denver Zoo security staff, Summer Safari administrators and instructors can administer an Epi-Pen in an emergency situation, with your consent on this form. Please fill out the form in its entirety and return to the following address a minimum of **TWO WEEKS** before your child's camp dates. Return to:

Denver Zoo Summer Safari
2300 Steele Street
Denver, CO 80205
Fax: 303-376-4839

CHILD INFORMATION

Child's Name _____

Summer Safari Class Title _____ Dates _____

List any known allergies/reactions, medical conditions (in detail) _____

PRESCRIBER AUTHORIZATION for EPI-PEN

Name of Epi-Pen Medication _____ Reason for Taking _____

Dosage _____ Route _____ Frequency/Time(s) to Be Given _____

Special Instructions:

Does medication require refrigeration? Yes No

Is self-medication permitted and recommended for this student? Yes No

Do you recommend this medication be kept "on person" by the student? Yes No

Potential Side Effects/Contraindications/ Adverse Reactions _____

Treatment order in the event of an adverse reaction: (Attach additional sheet or use the back of this form if necessary)

Signature of Prescriber

Date

Phone#

Fax#

PARENT AUTHORIZATION

I authorize unlicensed Denver Zoological Foundation/Summer Safari Day Camp personnel to perform the task of assisting my child in taking the above Epi-Pen medication.

Medication must be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of prescription, dosage, strength, time interval, route of administration, and the date of drug's expiration when appropriate.

Signature of Parent or Guardian

Date

Phone#

I authorize and recommend self-medication by my child for the above Epi-Pen medication.

Signature of Parent or Guardian

Date

If any question or problems arise, call me at: (H) _____ (W) _____ (Cell) _____