

## **Medication Administration Policy**

A parent/legal guardian must complete a Zoo medication administration form for any prescribed and over-the-counter medications your child needs to take during their Zoo program. Additionally, a FARE – Food Allergy & Anaphylaxis Emergency Care Plan must be completed for any child carrying emergency rescue medication such as an epi-pen or inhaler.

- **A parent/guardian signature is required on all forms.**
- **These forms are needed for youth participants who need to take medication and or carry an emergency rescue medication during their Zoo program if attending programs unaccompanied by a parent/adult.**

## **Storage and Administration of Medication**

Parent/guardian can indicate on the form if medication will be kept in the possession of the attending child or by authorized, trained Zoo staff. All medication (prescription or over-the-counter) must be in a pharmacy or manufacturer-labeled container and clearly labeled with the child's name. The Zoo will provide secure, locked storage for medication for extended programs or pre-school to prevent diversion, misuse, or ingestion by another individual. Medications carried by Zoo staff during outdoor activities will be carried in a temperature-controlled container. The Zoo will not provide temperature-controlled containers for children authorized by their parent/guardian to keep possession of their own medication. Medications will be self-administered by the child with staff supervision, so only a correct pre-measured dose should accompany the child to the Zoo program. The parent/legal guardian must assume responsibility for informing Zoo personnel in writing of any change in the child's health or change in medication.

Administering medication and performing medically prescribed and necessary procedures to children while participating in Zoo programs should only occur when an alternate schedule is not feasible.

**Zoo personnel will only administer medication in emergencies, such as epi-pen for life-threatening allergies per the Food Allergy & Anaphylaxis Emergency Care Plan or emergency inhaler.**

**Neither the Saint Louis Zoo nor its personnel shall incur liability due to adverse effects of medication administered as authorized by the parent/guardian.**

For any needs outside of this policy, the parent/guardian must contact Zoo staff at least two weeks prior to the program start date. Children should be prepared to self-administer, with the exception of emergencies. Zoo staff will provide reminders as necessary or as requested.



**Saint Louis Zoo**  
Animals Always®

<b>Zoo Office Use Only</b>	
Name:	_____
DOB:	___/___/___
Camp:	_____
Group:	_____
Date:	_____

## MEDICATION AUTHORIZATION FORM

**For all PRESCRIBED AND OVER-THE-COUNTER MEDICATION**  
By signing this form, parent/guardian is confirming child needs to take medication during the Zoo program. In order to provide the best care for your youth participant, please complete and return this form to the Education Department 7 business days before the program date. It is your responsibility to contact Zoo staff with any changes or bring an updated form at the time of the program.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Program: \_\_\_\_\_ Date of Program: \_\_\_/\_\_\_/\_\_\_

Child can carry medication while attending Zoo program: Yes \_\_\_\_\_ No \_\_\_\_\_

Medication will be kept overnight at the Zoo during extended programs Yes \_\_\_\_\_ No \_\_\_\_\_

Name of medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Check form of medication: Tablet/Capsule \_\_\_\_\_ Liquid \_\_\_\_\_ Inhaler \_\_\_\_\_ Injection \_\_\_\_\_

Nebulizer \_\_\_\_\_ Insulin shot or pump\* (please also fill out section below)

\_\_\_\_\_ Other \_\_\_\_\_

Instructions (schedule, method of administration, and dose to be self-administered at Zoo):

\_\_\_\_\_  
\_\_\_\_\_

Known anticipated side effects for this child:

\_\_\_\_\_  
\_\_\_\_\_

\*If insulin shot or pump: Type 1 diabetes \_\_\_\_\_ Type 2 diabetes \_\_\_\_\_

Delivery device: Syringe \_\_\_\_\_ Insulin Pen \_\_\_\_\_ Insulin Pump \_\_\_\_\_ Insulin Dosage: \_\_\_\_\_

**NOTE: Child must be capable to self-administer insulin, and in the case that blood sugar levels must be checked, the child must be capable of doing so without assistance.**

Reportable adverse reactions/side effects: \_\_\_\_\_

I give permission for my child to receive medication at the Saint Louis Zoo as indicated above. The medication is in its original container. I accept legal responsibility should the medication be lost, not immediately available, given, or taken by a person other than the above named student, or used in an improper manner. I release the Saint Louis Zoo and its staff and any other associates of any legal responsibility when the above named child administers his/her/their own medication, and if they should suffer an adverse reaction as a result.

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number