



Note: For EpiPens use "EpiPen Authorization" form

Medication Form

ZOOLOGICAL SOCIETY OF MILWAUKEE EDUCATION

If your child requires any medication (prescription or non-prescription) while they are attending a program, you must fill out this medication form and review/initial on each subsequent day your child attends. We will store the medication for your child to self-administer.

Medications must be in the original container, which clearly identifies the child, the medication, the dosage, the prescribing physician, and written instructions for administering the medication. For safety and liability reasons, medications received in any container other than the original will not be accepted.

Parental Consent

Child's Name: _____ **Age:** _____

Parent/Guardian Name: _____

Phone: (_____) _____

- I give permission for my child to receive the following medication during class hours. I have prepared my child to self-administer. I understand that if my child refuses to self-administer I will be notified and may be required to pick up my child.
- If medication is an inhaler, I request that my child be permitted to carry it with them and agree that my child is capable of administering it as needed. I understand that if my child cannot self-administer their inhaler, I will remain in the vicinity of my child's classroom and tour group in order to administer.
- I hereby release the Zoological Society of Milwaukee and its agents and employees from any and all liability that may result from following or failure to follow the instructions above.

Parent/Guardian Signature

Date

Name of Medication	Dosage	Form	Time
(Generic & Trade)	(mg/cc/tsp/gtt)	(tab/cap/liquid/inhaler)	(am/pm)
_____	_____	_____	_____
NOTES: _____			
Name of Medication	Dosage	Form	Time

You will be asked to initial and date whenever child participates in a different class or camp

initial date

initial date

initial date

initial date

initial date