

Medication Administration Policy

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.

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.

- **Parent/guardian signature required on all forms.**
- **Physician/medical provider signature required for all prescribed medications.**

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.

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®

Zoo Office Use Only	
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. Form needs to be completed and returned 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

___/___/___
Date

Physician Signature (prescribed medication only)

(____)_____
Telephone Number