

Medication Administration Policy

General

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

Medication Administration Permissions

Prescribed and over-the-counter medications will be kept in the possession of either the child or authorized, trained Zoo staff, to be determined by the required parental permission form. 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. Zoo personnel will only administer medication in emergency situations, such as epi-pen for life-threatening allergies per the Food Allergy & Anaphylaxis Emergency Care Plan or emergency inhaler. The parent/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 emergency situations per the Food Allergy & Anaphylaxis Emergency Care Plan.

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

Storage and Administration of Medication

A parent/guardian or other responsible party designated by the parent/guardian will provide all medication to either the child or the Zoo designee. All medication, prescription or over-the-counter, must be in a pharmacy or manufacturer-labeled container and clearly labeled with child's name. The Zoo shall 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.

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



Zoo Office Use Only

Name: _____

DOB: ____/____/____

Camp: _____

Group: _____

Date: _____

PRESCRIBED AND OVER-THE-COUNTER MEDICATION FORM

My child needs to take medication during the Zoo program: Yes _____ No _____
(If YES – complete Parts 1 and 2 below and return form to the Education Department.)

PART 1 - To be completed by parent/guardian:

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 _____

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 name student administers their own medication, and if they should suffer an adverse reaction as a result.

I give permission for (name of child) _____ to receive medication at the Saint Louis Zoo as indicated above. The medication is in its original container.

____/____/____
Date

Parent/Guardian Signature

(____)____-____
Telephone Number

PART 2 - To be completed by prescribing provider:

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: _____

Reportable adverse reactions/side effects: _____

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.