



Miami Metrozoo
Bank of America Zoofari Summer Camp 2009
Authorization for ZSF Staff to Dispense Medication

Medication will be dispensed only after this form is completed and returned to the Camp Coordinator **or** Camp Registration staff. **Please, do not give your form directly to your child's counselor**, the Education office will provide the counselor with a copy. Medication changes require completion of a new authorization form.

First and last name of participant _____ Age _____

Health concern/s _____

Physician's name _____ Ph# _____
 (print name)

Physician's address _____ City, Zip Code _____

Medication _____ Dosage _____

Precautions/side effects _____

Directions for administration by ZSF staff _____

Parent/Guardian's name _____
 (print name)

Parent/Guardian's day # _____ mobile # _____

Emergency contact name _____ phone # _____

Parent's/Guardian signature _____ Date _____

To be completed by Ed. office

Copy was provided to _____
 (print counselor's full name)

By _____ Date _____
 (print name of ZSF staff person filing form)