

Forms – Camp Medication Administration Waiver

I _____ guardian of _____

Give permission to Reptilia Zoo to administer a Doctor prescribed medication, following the directions below.

Name of the child as seen on medication _____

Time medication is to be administered _____

Dose required _____

Method medication is to be administered _____

Reason for medication _____

Storage requirements _____

Parent/Guardian Signature

Date

VS 2018 02

