

Request for Self-Administration of Medication

Child's name:

Date of birth:

Program child is attending:

Date of program:

The above-named child has (name of disease or syndrome):

I am requesting that the above-named child take the following medication during program hours:

Name of medication:

Type (tablet, liquid, capsule):

Dosage:

Time(s) to be taken:

Possible side effects:

I certify that (name of child):

has been instructed in the use and self-administration of (name of medication):

He/she understands the need for this medication and the necessity to report to Zoo personnel any unusual side effects. He/she is capable of using this medication independently and is responsible for keeping this medication in his/her possession.

Print name of physician:

Address of physician:

Phone number of physician:

Signature of parent

Print name of parent:

Please send this form back to Birmingham Zoo, Inc. Education Department at least one week prior to your child's program by faxing 205-879-9426, emailing camps@birminghamzoo.com or mailing it to 2630 Cahaba Rd. Birmingham, AL 35223 addressed to Education Department.