



Miami Metrozoo
BANK OF AMERICA ZOOFARI CAMP
 Scholarship
 July 26-August 6, 2010

MEDICAL INFORMATION

Child's name: _____

Physician's name: _____

Phone: _____

Allergies: _____

Health condition(s): _____

Prescribed Medications: _____

Submit this form with the 1st page if you answered YES on Medical section of Reservation form. Use additional Authorization

Form to request Camp staff to dispense medications.

Summer Scholarship, Zoological Society of Florida
 12400 SW 152nd Street, Miami, Florida 33177



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Authorization for ZSF Staff to Dispense Medication

MEDICAL INFORMATION

Child's name: _____ Age _____

Health condition(s): _____

Physician's name: _____

Phone: _____

Physician's address: _____

City/Zip Code: _____

Prescribed Medication: _____

_____ Dosage: _____

Directions for administration by ZSF Staff: _____

Submit this form with the 1st page if you answered YES on Medical section of Reservation form.

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