

**Miami Metrozoo**  
**Bank of America Zoofari Camp 2010**  
**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, as 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 or condition/s \_\_\_\_\_

Physician's name \_\_\_\_\_ Ph# \_\_\_\_\_  
(print name)

Physician's address \_\_\_\_\_ City, Zip Code \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Precautions/side effects \_\_\_\_\_

Directions for administration by ZSF staff \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_  
(print name)

**Parent/Guardian's day #** \_\_\_\_\_ **Mobile #** \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Phone # \_\_\_\_\_

Parent's/Guardian signature \_\_\_\_\_

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**To be completed by ZSF staff**

Received by Counselor \_\_\_\_\_ on \_\_\_\_\_  
(print full name)

(date)