Brevard Zoo Medication Administration Policies and Waiver

Read and this entire document to hand in on the first day of programming. Guardian signature required.

The following policy has been developed based on current Florida Law to keep all program participants safe. Our programs operate without a Nurse or Physician on site. Brevard Zoo programs are equipped with staff who are certified in first aid, CPR, and epi-pen assistance. Please see below on medication administration procedures:

- It is the responsibility of the child's guardian to supply any necessary medical equipment that relates to a specific medical condition, including epi-pens and inhalers.
- Brevard Zoo staff MAY NOT administer medications of any kind, with exception to epi-pen assistance in an • emergency. This includes both OTC and prescribed medications.
- Brevard Zoo staff **MAY** witness camper self-administration but is not guaranteed. •
- Child must keep medication on their person throughout their time at Zoo programming. •
- Child is permitted to bring a backpack, purse or lunch bag with them into the Zoo if necessary to keep medications on their person at all times.
- Child's legal guardian authorizes any medications (OTC, prescription, non-prescription or otherwise) administered during camp are under the direction of a licensed physician.

List all medications administered during programming, including asthma inhalers and epi-pens.

Medication	Dosage	Specific Time(s) Needed
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AUTHORIZATION TO ADMINISTER MEDICATION AND RELEASE OF LIABILITY

I understand that I am required to cooperate with Brevard Zoo, with regard to the self-administration of my child's medication. I understand that some medications cannot be administered by Brevard Zoo, and if my child requires such a medication, it is my responsibility to make arrangements for my child's medication. I hereby acknowledge that Brevard Zoo personnel are not trained medical professionals and cannot guarantee nor be responsible for a satisfactory outcome of the administering of medication. In consideration of permitting my/our child to participate in recreation programs sponsored by Brevard Zoo, I hereby for myself, my child, and our executors, administrators and assignees, assume all risks and hold Brevard Zoo, its agents, members of the board of trustees, employees, representatives, affiliates, parties permitting use of property for the Programs, coordinating groups, volunteers, and any individuals associated with the Programs harmless from any and all liability, causes of action, debts, claims, damages, or demands whatsoever which may arise in connection with my participation in activities related to the Programs. Parent and/or Guardian authorize Brevard Zoo and its staff to administer emergency medication (epinephrine, inhaler or the like) as well as trained First-Aid and CPR procedures. This waiver and release expressly includes any claims arising from or relating to the administration of medication by Brevard Zoo personnel. Release authorized on the dates and/or duration of the registered season. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

I have read the above and agree to abide by all the requirements.

Self-Administering Child Name (PRINT): ______

Primary	Guardian	Name	(PRINT)
i i ii	Guaraian	Nume	(1 1(11))

Primary Guardian Signature: Date: