

# Zoo Camp:

## Medical Information

**\* IMMUNIZATION RECORDS MUST BE ATTACHED\***

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Week of Camp \_\_\_\_\_

List any pertinent medical conditions of which we should be aware (i.e. allergies, recent injuries, disorders, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus vaccination \_\_\_\_\_

### Physical Description of Child or Current picture

Eye color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Health Insurance Coverage: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### Consent Form: Please initial on line after each statement

I understand that the staff at the Zoo in Forest Park and Education Center are trained in the basics of First-Aid and CPR and I authorize them to give my child First-Aid and CPR when appropriate. \_\_\_\_\_

In the case of emergency, I give The Zoo in Forest Park and Education Center permission to take my child to the nearest medical emergency treatment facility and to authorize necessary treatment until I can be reached. \_\_\_\_\_

I give The Zoo in Forest Park and Education Center permission to take my child to the adjacent playgrounds, fields, and ponds with proper supervision and weather permitting. This does NOT include pool or sprinkler park. \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please include a copy of immunization records.**