

Zoo Camp:

Medical Information

PLEASE INCLUDE IMMUNIZATION RECORDS

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: _____

Must include a copy of immunization records.