



Elmwood Park Zoo Camp Health and Emergency Contact Form

All pages of this form must be completed by the camper's parent/guardian and emailed back to the Education Department at camp@elmwoodparkzoo.org at least two weeks before the selected start date of camp. Please print to provide adequate information for the health and safety of the camper. One form per camper must be emailed back. Completed camp forms are valid for the current year, but must be updated if changes occur.

Child's Name (First and Last)

Date of Birth

Parent/Guardian Name

Zip Code

Preferred Phone Number

Work Phone Number

EMERGENCY CONTACT INFORMATION

Contact's Name

Relationship to Camper

Phone Number

Authorized to Pick Up Camper Y/N

Contact's Name

Relationship to Camper

Phone Number

Authorized to Pick Up Camper Y/N

Contact's Name

Relationship to Camper

Phone Number

Authorized to Pick Up Camper Y/N

ADULTS OTHER THAN PARENT/GUARDIAN ALLOWED PICK UP CAMPER

Contact's Name

Relationship to Camper

Phone Number

Contact's Name

Relationship to Camper

Phone Number

CAMPER MEDICAL INFORMATION

Allergies:

Check all that apply to this camper

- No known allergies
- Camper has allergies
 - Camper is allergic to this medication(s): _____
 - Camper is allergic to insect sting (specify): _____
 - Camper is allergic to these substances: _____
 - Camper is allergic to these plants: _____
 - Camper is allergic to these foods: _____
 - Other additional allergies: _____

Describe the severity of the reaction, and how it is managed for each allergy:

Camper has an EpiPen and/or Inhaler (circle appropriate medication)

MEDICATION

Check all that apply to this camper

Please provide complete information. Bring enough medication to last the camping session.

Prescription medication **MUST** be in pharmacy containers and appropriately labeled.

**Please keep in mind that medicine cannot be administered or dispensed by camp staff. Campers must be able to take their own medication.*

- Camper does not take any medication on a regular basis.
- Camper takes the following medication (include vitamins) on a routine basis:

Name of Medication	Reason for Taking Dosage	Time(s) of Day

CARE AND CONCERNS

Please share with us any additional information about this camper that will help make their experience with us more enjoyable.

All children are welcome at Elmwood Park Zoo programs. Please provide us with the tools necessary to give your child the best possible experience at camp by informing us of any and all special considerations - this may include information on accessibility concerns, behavioral, psychological or emotional conditions or other special needs. Details of any Individualized Education Plans (IEP) or Behavior Plans used with your child at school can often be helpful.

PERMISSIONS

1. I authorize Elmwood Park Zoo to give my child basic first aid as needed:
NO YES Initials: _____

2. I understand that I am responsible for updating any personal or medical information that changes by contacting the camp director:
NO YES Initials: _____

3. I authorize Elmwood Park Zoo to include my child’s name and photograph in camp newsletters and for other education and public relations purposes related to the Zoo:
NO YES Initials: _____

4. I agree to read the Elmwood Park Zoo Parent Handbook and communicate any necessary information to my camper:
YES Initials: _____

AUTHORIZATIONS

Authorization of Health Care must be completed for attendance:

This health history is correct and the person described has permission to participate in all camp activities as noted by me and/or the examining physician. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I give permission to the licensed health-care practitioner selected by the Elmwood Park Zoo to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. This form may be photocopied. The Elmwood Park Zoo has permission to obtain a copy of my child’s health record from the providers who treat my child. I understand that information about my child’s health will be shared on a “need to know” basis with other staff responsible for my child’s care.

Print Custodial Parent /Guardian Name Signature Date

RELEASE FORM

I, the undersigned, hereby release, absolve, indemnify, and hold harmless the Norristown Zoological Society, its board members, the Elmwood Park Zoo, the Zoo Director, Staff, any or all of them, of any injury sustained or caused as a result of *Name of Camper* _____ participating in Camp on or off Zoo property. I hereby waive all claims against the sponsors of the Norristown Zoological Society's Elmwood Park Zoo program, Zoo Directory, or any supervisors or instructors employed by them.

Print Custodial Parent /Guardian Name

Signature

Date