



## Elmwood Park Zoo Camp Emergency Contact and Pick Up Authorization 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](mailto:camp@elmwoodparkzoo.org) the Friday before the selected start date of camp. One form per camper must be emailed back. Completed camp forms are valid for the current year, but must be updated if changes occur.

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Child's Name (First and Last)	Date of Birth
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Parent/Caregiver Name	Relationship to Camper	Zip Code
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Preferred Phone Number for Day Time Contact	Email
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**EMERGENCY CONTACT INFORMATION** if above contact can not be reached

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Contact's Name	Relationship to Camper	Phone Number
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**ADULTS AUTHORIZED FOR PICK UP** **We are now mandating IDs be shown at pickup**

**My child may be released to the care of the following people (include yourself):**

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Contact's Name	Relationship to Camper	Phone Number
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Contact's Name	Relationship to Camper	Phone Number
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Contact's Name	Relationship to Camper	Phone Number
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## CAMPER CARE AND CONCERNS

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

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**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:**

Physical Accessibility Concerns:

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(examples: low muscle tone, partial deafness/blindness)

Behavioral Conditions:

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(examples: ODD, OCD, CD, ADHD)

Psychological/ Emotional Conditions:

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(examples: Autism Spectrum, PTSD, Depression, Anxiety)

Any details of Individualized Education Plans (IEP) or Behavior Plans used with your child at school:

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Knowledge of any recent changes in the child's life can often be helpful to be aware of:

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**If there are more details you would like to share, please use this space:**

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**All information shared on this form will be used on a “need to know” basis with the Camp Coordinator and appropriate camp personnel. If you feel uncomfortable sharing this information via this form, please do not hesitate to reach out to our Camp Coordinator at [nkoenig@elmwoodparkzoo.org](mailto:nkoenig@elmwoodparkzoo.org).**

# Elmwood Park Zoo Camp

## CAMPER MEDICAL INFORMATION

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](mailto:camp@elmwoodparkzoo.org) the Friday before the selected start date of camp. One form per camper must be emailed back. Completed camp forms are valid for the current year, but must be updated if changes occur.

### ALLERGIES:

Check all that apply to this camper and share all details pertaining to their allergy

No known allergies

Camper is allergic to medication (specify): \_\_\_\_\_

Camper is allergic to insect sting (specify): \_\_\_\_\_

Camper is allergic to these substances (specify): \_\_\_\_\_

Camper is allergic to these plants (specify): \_\_\_\_\_

Camper is allergic to these foods (specify): \_\_\_\_\_

Other additional allergies: \_\_\_\_\_

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

### EMERGENCY MEDICATION INFORMATION

Camper has an (circle appropriate medication): **EpiPen**      **Inhaler**      **Seizure-Medication**

Any unlisted emergency medication: \_\_\_\_\_

### MEDICATION INFORMATION

Please provide complete information. Prescription medication MUST be in pharmacy containers and appropriately labeled. *\*\*Campers must be able to self-administer routine medication. Zoo staff will not administer any routine medication (they will administer emergency medication in the event of emergency).*

Camper does not take any medication on a regular basis.

Camper takes the following medication on a routine basis:

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

Initials: \_\_\_\_\_

3. I agree to read the Elmwood Park Zoo Handbook and communicate any necessary information to my camper:

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