



Fort Worth Zoo Emergency Health Form (One form per participant)

Program (circle one): Weekday Zoo School Saturday Classes
 Summer Zoo Camp Zoo Careers Camp

Participant's name: _____

Date of birth: _____ Age: _____ Gender: M or F

Parent or legal guardian's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home:(____) _____ Work:(____) _____ Cell/pager:(____) _____

Please list any health problems or conditions (allergies, etc.) that might warrant special attention from the Zoo staff during your child's participation:

Education Department management requires that any request for medical accommodation and/or dispensing of any medication, as well as the completion of the **Liability Waiver, Physician Release** and other related medical documents, be submitted and approved by the Education Director, prior to the enrollment of the child in any Zoo program. These forms may be picked up at the Education Department. Call 817/759-7200 and the forms can be faxed or mailed to you.

In case of emergency, and we are unable to reach you at your home or work number, we are to call:

1. _____	(____)	_____
Name	Phone	Relation to child
2. _____	(____)	_____
Name	Phone	Relation to child

Participant's physician: _____ Phone:(____) _____

Preferred hospital: _____

_____ has my permission to participate in all of the activities offered during the Zoo program. I authorize the Fort Worth Zoo to use local emergency services in order to secure proper treatment for my child, as named above. I consent and authorize the Fort Worth Zoo to use my child's name and photograph for educational and public relations purposes related to the Zoo. Any directions to the contrary should be listed here.

My child has permission to ride home with (please print names):

1. _____ 3. _____
2. _____ 4. _____

Parent or legal guardian's signature

Date