

Fort Worth Zoo

Emergency Health Form

(One form per participant)

Participant's name: _____

Date of birth: _____ Age: _____ M or F
Last name First name
Gender

Parent or legal guardian's name: _____
Last name First 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 prescription 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.	_____	(_____) _____	_____
	<small>Name</small>	<small>Phone</small>	<small>Relation to child</small>
2.	_____	(_____) _____	_____
	<small>Name</small>	<small>Phone</small>	<small>Relation to child</small>

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