Camp Medical Treatment Release Form

Dear Parents,

Thank you for registering your child for Zoo Camp. To ensure your child's safety, Binder Park Zoo requires parents and guardians of campers to give Binder Park Zoo authority to secure emergency and surgical treatment, as well as routine, non-surgical medical care and psychological or psychiatric care of an existing condition for your child.

Please know that Binder Park Zoo views this permission with circumspection; our procedures will continue to include notification and consultation with parents/guardians.

Participant's Name: _____ Birth date: _____ Age: _____ Ht: _____ Wt: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone #: (___) _____ Work Phone # (mother): (___) _____
Work Phone # (father): (___) _____ Cell Phone #: (___) _____
Other Emergency Contact-Name: _____ Phone #: (___) _____
Insurance Company Name: _____
Name of policyholder: _____ Relationship to Patient: _____
Name of Employer: _____
Policy #: Group #:

This Should Be Completed So That It Is Absolutely Accurate

Previous Illnesses	**(AGE)**	**Contagious Disease Protection**	**(YEAR)**
Measles	_____	Hepatitis B Immunization	_____
Mumps	_____	Measles, Mumps, Rubella Immunization	_____
Chicken Pox	_____	Polio	_____
Scarlet Fever	_____	Tetanus,diphtheria, pertussis (Td/Tdap)	_____
German Measles	_____	Tuberculin Skin Test	_____
Rheumatic Fever	_____		
Whooping Cough	_____		
Other			

Allergies and Pre-existing Conditions:

Food: _____ Other: _____
Medicine: _____
History of Emotional or Behavioral Disturbances: _____
_____
Medications Needed or Used (including Psychiatric): _____
Limitation of Camper Activities: _____
Recommendations: _____
Signature: _____ **Date:** _____
Print Doctor's Name and Phone Number: _____

YOUR SIGNATURE BELOW IS NECESSARY TO PARTICIPATE:

THE UNDERSIGNED PARENT OR GUARDIAN OF: _____ (name of camper) AUTHORIZES THE STAFF OF BINDER PARK ZOO TO SECURE EMERGENCY MEDICAL AND SURGICAL TREATMENT, AND TO PROVIDE ROUTINE, NON-SURGICAL MEDICAL, PSYCHOLOGICAL OR PSYCHIATRIC CARE, FOR MY CHILD WHILE VOLUNTEERING. I AGREE TO PAY FOR AND GUARANTEE PAYMENT OF THESE RELATED EXPENSES.

Signature of Parent or Guardian: _____ **Date:** _____

(completed form must be returned to the Zoo before your child can participate in these programs)

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