



Health and Emergency Contact Form

All pages of this form must be completed by the camper's parent/guardian and submitted to the Alabama Gulf Coast Zoo prior to the first day of camp. Please provide adequate information for the health and safety of the camper. One form per camper. You do not need to fill out a new form if the camper is attending multiple camp sessions.

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	Home Phone	Cell Phone
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Contact's Name	Relationship to Camper	Home Phone	Cell Phone
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ADULTS OTHER THAN PARENT/GUARDIAN ALLOWED PICK UP CAMPER : *Please list legal name as it appears on Photo ID.*

Contact's Name *Relationship to Camper*

CAMPER MEDICAL INFORMATION**Allergies:**

Check all that apply to this camper

Camper has allergies

No known 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:

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

MEDICATION

Check all that apply to this camper

Please provide complete information. Prescription medication **MUST** be in pharmacy containers and appropriately labeled. **Please keep in mind that medicine cannot be administered or dispensed by zoo 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
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Name of Medication	Reason for Taking	Dosage	Time(s) of Day
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CARE AND CONCERNS

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

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 Alabama Gulf Coast Zoo to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. This form may be photocopied. The Alabama Gulf Coast 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.

Custodial Parent /Guardian Signature

Date

Please Print Name

Relationship

PHOTO/VIDEO RELEASE FORM

I hereby give permission for images of my child, captured during Alabama Gulf Coast Zoo programs through video, photo and digital camera, to be used solely for the purpose of Alabama Gulf Coast Zoo promotional material and publications, and waive any rights of compensation or ownership thereto.

Name of Camper /Participant (please print) _____

Name of Parent /Guardian (please print) _____

Parent /Guardian's Signature _____

Date _____