

Alameda Park Zoo Jr. Zookeeper Camp

<u>Child's First Name:</u>	<u>Child's Last Name:</u>
<u>DOB:</u>	<u>Current School/Grade:</u>
<u>Name Parent/Guardian 1:</u>	<u>Name Parent/Guardian 2:</u>
<u>Phone Parent/Guardian 1:</u>	<u>Phone Parent Guardian 2:</u>
<u>Street Address:</u>	<u>City:</u>
<u>State:</u>	<u>Zip Code:</u>
<u>Emergency Contact:</u>	<u>Emergency Contact Phone:</u>

Any medical conditions/allergies we should be aware of? If yes, please provide details:

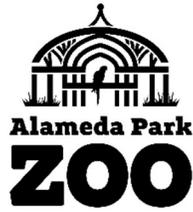
Medication presently taking:

Does your child require any special accommodation or support?

My health/accident policy is with: _____

Policy Number: _____

Group/Plan/ID: _____



Please read and acknowledge the following statement,

In the event of any injury requiring medical treatment, I hereby grant permission for emergency treatment to be initiated for my child by the Alameda Park Zoo. The cost of such treatment will be paid for by the above-named policy or parent. Any expenses not covered by the above-named policy will be solely my responsibility as a parent or guardian and I understand it will not be paid for by the Alameda Park Zoo or any of its agents.

Signature of Parent/ Guardian: _____

Date: _____