


PHILADELPHIA ZOO

CAMP HEALTH FORM
Summer Camp 2009

Camp Name: _____
Camp Dates: _____

This form **DOES NOT** need to be filled out by a doctor

PLEASE PRINT

Child's Name (Last) _____ (First) _____

Date of Birth ____/____/____ Age _____ Sex: Male _____ Female _____

Parent/Guardian's Name(s) _____

E-mail: _____

Home # () _____ - _____ Work # () _____ - _____ Cell # () _____ - _____

At what other numbers can parents/guardians be reached during camper's participation?

CAMPER PICKUP: Please list any adults that you give permission to pick up your child from camp

1) _____ 2) _____ 3) _____

IN CASE OF EMERGENCY, WHO SHOULD BE NOTIFIED (complete at least one)

Name _____ Relationship _____ Phone: () _____ - _____

Name _____ Relationship _____ Phone: () _____ - _____

Name of Family Physician _____ Phone: () _____ - _____

SHOULD AN EMERGENCY ARISE, WE NEED THE FOLLOWING INFORMATION:

Is child allergic to penicillin? Y ___ N ___ Is child allergic to bee or wasp stings? Y ___ N ___

Is child allergic to other drugs? Y ___ N ___ If yes, specify _____

Does your child have any food allergies? Y ___ N ___ If yes, please specify _____

Does child carry medication for _____ bee/wasp sting _____ diabetes _____ other

Please specify. _____

Is child currently taking medication? If yes, please describe _____

Has child had any recent illnesses or are there any health problems we should be aware of?

If yes, please describe _____

Are there any special needs or disabilities we should be aware of? _____

Will you be sending a TSS with your child to summer camp? Y ___ N ___

If yes, please e-mail camps@phillyzoo.org or call 215-243-5311 with more information.

Please use other side of this form to add any additional information.

Signature of Parent/Guardian

Date

This form must be completely filled out and sent to the Philadelphia Zoo at least two weeks prior to the start of summer camp. All information is kept confidential.