



# PHILADELPHIA ZOO

**YOU MUST RETURN THIS FORM  
BEFORE YOUR CHILD MAY ATTEND  
CAMP**

## SUMMER CAMP 2010 HEALTH/PERMISSION FORM

### CHECK THE SESSIONS YOUR CAMPER WILL BE ATTENDING:

<b>Critter Camp (Age 3)</b>	<input type="radio"/> June 14-18	<input type="radio"/> August 16-20	
<b>Kinder Camp (Ages 4-5)</b>	<input type="radio"/> June 21-25	<input type="radio"/> July 12-16	<input type="radio"/> August 2-6
<b>Rainforest Rompers (Ages 4-5)</b>	<input type="radio"/> June 14-18	<input type="radio"/> June 21-25	<input type="radio"/> July 12-16
	<input type="radio"/> July 19-23	<input type="radio"/> August 9-13	<input type="radio"/> August 16-20
<b>Zooper Troopers (Ages 4-5)</b>	<input type="radio"/> June 28-July 9	<input type="radio"/> July 26-August 6	
<b>Zoo Explorers (Ages 6-7)</b>	<input type="radio"/> June 14-25	<input type="radio"/> June 28-July 9	<input type="radio"/> July 12-23
	<input type="radio"/> July 26-August 6	<input type="radio"/> August 9-20	
<b>Safari Camp (Ages 8-9)</b>	<input type="radio"/> June 21-July 9	<input type="radio"/> June 21-July 9	<input type="radio"/> June 21-July 9
<b>Junior Zoo Interns (Ages 10-11)</b>	<input type="radio"/> June 21-July 9	<input type="radio"/> June 21-July 9	<input type="radio"/> June 21-July 9
<b>Young Zoologists (Ages 12-13)</b>	<input type="radio"/> June 21-July 9	<input type="radio"/> June 21-July 9	<input type="radio"/> June 21-July 9
<b>Adventure Guides (Ages 14-15)</b>	<input type="radio"/> June 21-July 9	<input type="radio"/> June 21-July 9	<input type="radio"/> June 21-July 9

### PLEASE PRINT

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Parent/Guardian's Name(s) \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact phone: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Check any conditions that apply, and elaborate if necessary:

- hay fever     poison ivy, oak, etc.     allergies     diabetes     asthma     ear infection  
 food allergy     insect stings     epilepsy/seizures     medicine     heart trouble     other

Comment \_\_\_\_\_

Does your child carry an Epi-Pen?    Y    or    N    if Yes, what is the allergy? \_\_\_\_\_

The Philadelphia Zoo will not administer medications of any kind. Please indicate below the medication(s) your child will bring to camp and the time(s) that you wish your child to be reminded to take the medication.

**Medication(s)** \_\_\_\_\_ Taken for: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time(s) of Day: \_\_\_\_\_

**Medication(s)** \_\_\_\_\_ Taken for: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time(s) of Day: \_\_\_\_\_

**Sunscreen/Insect Spray:** I give permission for camp staff to administer sunscreen and insect spray to my child.  
YES                      NO

**Consent Given:** If my child needs emergency medical care and no one can be contacted, I give my consent for the transportation of my child by ambulance and for the administration of any treatment deemed necessary by licensed medical personnel.                      YES                      NO



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Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Age: \_\_\_\_\_

**SPECIAL NEEDS:** In order for us to be able to help your child have an enjoyable experience at camp, we ask that you notify us of their special needs prior to your child's first day of camp. This may include information on allergies, accessibility concerns, behavioral, psychological or emotional conditions or other special needs. Please specify:

### EMERGENCY CONTACT INFORMATION (Other than parent/guardians listed above)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

### ALTERNATIVE DEPARTURE

I grant permission for my child(ren) to leave with the following adult guardians **other than myself.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### PHOTO RELEASE

I grant permission for my child(ren) to be photographed during Camp. I fully understand that these photos may be used for our Camp newsletter or for advertising purposes.  Yes, I do.  No, I do not.

### UNACCOMPANIED DEPARTURE (For ages 10 and above only)

I grant permission for my child(ren) to leave the Zoo unaccompanied (either walking or by public transportation) at the end of Camp at 3:00pm.  Yes, I do.  No, I do not.

### RELEASE

I/We, \_\_\_\_\_ (parents/guardian name), being the parent(s) or legal guardian(s) for \_\_\_\_\_ on behalf of the child/minor hereby release, discharge, and hold harmless, the Philadelphia Zoo, and their officers, directors, trustees, agents, and employees from and against all liability for injury, illness, losses, claims, actions, costs, expenses and/or damages, including attorney fees, arising out of my/our child's participation in the Philadelphia Zoo's Summer Camp, except for the willful misconduct or gross negligence of the Philadelphia Zoo.

I/We have carefully read the Philadelphia Zoo HEALTH/PERMISSION FORM and the Summer Camp Handbook and fully understand its contents.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Please return HEALTH/PERMISSION FORM and Release Form to:**

Philadelphia Zoo Summer Camp 3400 West Girard Avenue  
Philadelphia, PA 19104-1196  
Or fax to: 215-243-5292