

# Potawatomi Zoo – ZooCamp Dismissal & Medical Release Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Guardian's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

## Emergency Contact Information

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## **Other Information**

### Student's Allergies or Limitations:

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## **Drop Off & Pick Up**

Please include the names of any person who might be picking up your child from ZooCamp. If someone arrives who is not on the list, the program manager will call you to receive authorization over the phone. The Education Department reserves the right to check IDs of those individuals who come to pick up students.

### **Name**

### **Relationship to Student**

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I have read the information regarding Potawatomi Zoo's ZooCamps and agree to abide by all camp policies. I, furthermore, attest that the information included on this form is, to the best of my knowledge, accurate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*For office use only: Received \_\_\_/\_\_\_ Processed \_\_\_/\_\_\_ by \_\_\_ Confirmed \_\_\_/\_\_\_ by \_\_\_*

## Medical Release

*You must sign either Part I (consent) or Part II (refusal to consent)*

### Part I: Consent to Emergency Medical Care

In the event that reasonable attempts to contact me and other emergency contacts as listed on the registration form have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (preferred physician), or in the event designated preferred practitioner is not available, by another licensed physician or dentist: and
2. The transfer of the child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

The following includes any allergies the child may have, any medication the child may be taking, and any other facts to which a physician or dentist should be alerted:

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\_\_\_\_\_  
(Parent/guardian signature)

\_\_\_\_\_  
(Date)

### Part II: Refuse to Consent for Emergency Medical Care

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment when the emergency contacts as listed on the registration form are unreachable, I wish the Potawatomi Zoo to take no action or to:

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\_\_\_\_\_  
(Parent/guardian signature)

\_\_\_\_\_  
(Date)

### Acknowledgement

By registering for a class or camp at Potawatomi Zoo, you agree to the following:

- Potawatomi Zoo and the Education Department are not responsible for any items that are lost or stolen during classes and programs.
- On occasion, Education and Zoo staff may take photos, video, or other recordings of participants in our classes and programs. Please be aware that this multimedia is only for Potawatomi Zoo use and may be used in future print publications or on our website. Please contact the Education Department if you have any questions.
- The Education Department reserves the right to dismiss any student for disruptive or threatening behavior. Guardians will be notified of a behavioral problem before dismissal except in extreme circumstances.
- Registrants understand that participation in classes at Potawatomi Zoo may expose students to risks and hazards. By registering for a class, you release the Potawatomi Zoo and its staff from any and all claims, judgments, and/or liability for any injury, whether personal or property, that the student may receive during class participation.