



**Cameron Park Zoo
Zoo School
Emergency Contact & Medical Release**

Name of Zoo School Student _____

Session Date _____ Current Grade _____

Parent/Guardian Name _____

Address _____

Email Address _____

Contact Phone Number _____

Code Word _____

Emergency Contact _____

Name	Relationship	Phone
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List the names of all persons authorized to pick up your child (i.e. parent, grandparent, baby-sitter, etc.). These will be the only people to whom we will release your child unless otherwise authorized by parent/guardian in writing.

1. _____
2. _____
3. _____

Media Release:

Periodically we will be post photos on our website and social media for promotional purposes.

(Please initial YES or NO)

_____ **Yes**, I give CPZ permission to place a photograph of my child on the CPZ website.

_____ **No**, I do not give CPZ permission to place a photograph of my child on the CPZ website

In consideration for appearing on or participating in a photo shoot prepared for use by Cameron Park Zoo or local media I: (1) agree that I am to receive no compensation (2) release Cameron Park Zoo, their employees, and assigns from any liability for claims by me or anyone else arising out of my participation or appearance and (3) agree that my appearance or participation confers upon me no ownership rights as to the end product whatsoever.

Parent/ Guardian Signature

Date

Please complete other side

Medical Information:

Does your child wear glasses or contacts? _____

Does your child have any special needs or limitations that we should be made aware of? _____

If yes, how can we best serve your child? _____

Is there any health history that we need to be made aware of? (allergies, chronic or recurring illnesses) If yes, please explain. _____

Is your child taking any medications for any of the above conditions? _____

Will medications need to be administered during camp? _____

If so, please make arrangements to administer your child's medication yourself. Please inform the Zoo Adventure staff in writing of these arrangements on the first day of camp.

Non-Prescription Medication Authorization: (Please Initial YES or NO)

_____ **Yes**, Cameron Park Zoo is authorized to give my child first-aid treatment for minor abrasions, minor ailments, insect bites and stings with non-prescription medication such as "Benadryl", "Neosporin" or "Tylenol".

_____ **No**, Cameron Park Zoo is **NOT** authorized to give my child first-aid treatment for minor abrasions, minor ailments, insect bites and stings with non-prescription medication such as "Benadryl", "Neosporin" or "Tylenol".

I _____, binding my heirs, executors, administrators, estate, and assigns, do hereby release and agree not to hold liable Cameron Park Zoo, the City of Waco, their officers, agents, and employees, from any and all actions, causes of actions, claims, demands, costs, or damages as a result of property damage or personal injury to myself, my child/children, or my property arising from, or resulting from any act of omission, or otherwise, of Cameron Park Zoo, the City of Waco, their officers, agents, and employees while participating in the Zoo Adventure Camp.

I further release Cameron Park Zoo, the City of Waco, their officers, agents, and employees from all liability for personal injury resulting from my child's failure or the failure of other participants in activities of the Zoo Adventure Camp to obey safety regulations and directions of the activity leader in good faith, in response to emergencies and exigencies which occur during the activity; provided however, that nothing contained herein shall excuse any employee of Cameron Park Zoo, or the City of Waco, or person assigned by either to act as a leader from the responsibility to act with reasonable care for my child's safety during the course of the activity appropriate to the circumstance.

I hereby authorize Cameron Park Zoo and the City of Waco to consent to emergency medical or dental care for my child while my child is a participant in the Zoo Adventure Camp program. I understand Cameron Park Zoo and the City of Waco will make all reasonable efforts to contact me with notice in the event that my child requires emergency medical or dental treatment. In the event that Cameron Park Zoo and the City of Waco cannot contact me and give me notice, I understand that I am hereby-authorizing Cameron Park Zoo and the City of Waco to consent to such treatment on my behalf. I understand that Cameron Park Zoo and the City of Waco will seek necessary emergency treatment for my child only in the event that my child is injured or harmed while engaged in a program or activity sponsored by Cameron Park Zoo and the City of Waco.

Signature of Parent/ Guardian

Date