



## Medical Information and Consent Form

### Medical History:

Please list any health conditions or food allergies that may require special consideration for this child's participation in the Overnight Camp-in Program.

Conditions \_\_\_\_\_

Explanations \_\_\_\_\_

List any medications taken on a regular basis.

Medication \_\_\_\_\_

How Often \_\_\_\_\_

Latest Tetanus Immunization \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Whom to Notify in case of Emergency \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

I, \_\_\_\_\_, hereby consent to medical treatment or hospitalization deemed necessary by a licensed physician or dental treatment deemed necessary by a licensed dentist in the event \_\_\_\_\_ becomes ill or injured on the premises of the San Antonio Zoo while participating in programs sponsored by the San Antonio Zoo.

I further consent to the administration of reasonably necessary first aid by the Zoo in the event my child becomes ill or injured on the premises of the San Antonio Zoo while participating in programs sponsored by the San Antonio Zoo.

I acknowledge that the San Antonio Zoo assumes no responsibility or liability for medical treatment provided pursuant to this authorization. I also authorize the San Antonio Zoo to use local emergency services to secure proper treatment for my child.

Date \_\_\_\_\_

Print name of Parent/Legal Guardian \_\_\_\_\_

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

Name of Child Participant \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone No. ( ) \_\_\_\_\_

Work Phone No. ( ) \_\_\_\_\_ Cell Phone No. ( ) \_\_\_\_\_

## **Release of Responsibility**

In consideration of \_\_\_\_\_ and \_\_\_\_\_'s participation in the Zoo Overnight Camp-in Program, the undersigned, the parents and/or guardians of the Minor, hereby release the San Antonio Zoological Society, its Board of Trustees, officers, and employees from any and all liability arising out of or resulting from the negligence or other acts, howsoever cause, of any party occurring while the Minor is on Zoo Premises.

The undersigned further agrees that they, their heirs and legal representatives will not, on behalf of the Participants, make a claim against or sue The San Antonio Zoological Society, its Board of Trustees, officers and employees for any injury or damage resulting from or arising out of negligence or other acts, howsoever caused, of any party occurring while the Participant is on Zoo premises.

The undersigned also consents and authorizes the San Antonio Zoo to use any names or photographs for education and public relation purposes related to the Zoo.

The Undersigned have carefully read this Agreement and fully understand its contents. The Undersigned are completely aware that this is a release of liability between the Undersigned and the San Antonio Zoological Society.

**Date:** \_\_\_\_\_

**Adult's or Chaperone's Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Parent's or Guardian's Signature:** \_\_\_\_\_

**If the Minor has two parents or guardians, this form must be signed by both parents and/or guardians.**