

# ZOOZNOOZE EMERGENCY INFORMATION FORM

## Personal and Medical Information



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

Age: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Sex: M . F  
(mo/day/yr)

Parent/ Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone(s): \_\_\_\_\_

Evening Phone(s): \_\_\_\_\_



Please list any health problems, mental or physical conditions that might require special planning or consideration for this child's participation in overnight activities at the Zoo. Examples: allergies, chronic disease, crippling conditions, emotional instability, sight or hearing problems, delayed development of bladder or bowel control, seizures, special diet or any condition requiring medication.

## List Conditions/ Medications

(Use additional sheet if necessary)

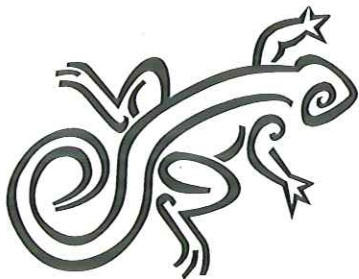
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## In Emergency, If Unable to Contact Parents, Contact:

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

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_



My child has permission to participate in all overnight activities. I authorize the Oregon Zoo to use my child's name and photograph for education and public relations purposes to the Zoo. Any directions to the contrary should be specified and signed on a separate sheet..

## Legal Parent/ Guardian:

\_\_\_\_\_

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