

Hutchinson Zoo Participant Medical Form

Child's Name: _____ Nickname: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ State: ____ Zip: _____

Date of Birth: _____ Age: _____ Sex: M F Email: _____

I can be reached at: Work: _____ Home: _____ Mobile: _____

Primary Care Physician: _____ Physician Phone: _____

Emergency contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Any allergies to foods, medications, or other? Yes No

If yes, please list and describe severity: _____

Please list all current medications including dosage & frequency:

Does your child have any other health concerns and/or behavioral, mental or physical challenges that we need to be aware of? If so, please explain. *We do not discriminate against any conditions; this information will be kept confidential and only be used to make sure your child has a safe and fun learning experience!*

Do you authorize staff to take pictures of your child during the program? Yes No

Can these pictures be posted on our Facebook page, website, etc. for marketing? Yes No

Comments regarding photos (group pictures only, etc.)? _____

In case of medical emergency, I understand that every effort will be made to reach a parent, guardian, or other person from the emergency contacts listed. In the event that these cannot be reached, I give permission for the staff of the Hutchinson Zoo to hospitalize, secure proper treatment for, and/or consent to any treatment, injection, anesthesia or surgery deemed necessary for an injury or illness sustained by my child.

Parent/Guardian Signature: _____ Print Name: _____ Date _____