

**Medical/Emergency Form
Zoo Patrol**

One Form must be completed for **each child** registered for Zoo Patrol.
This form may be mailed to the Zoo **prior** to your week's program starting date,
or you may bring it with you on the first day.

Zoo patrol date: _____

Child's Name _____ Date of Birth _____

Street Address _____

City/Town _____ Zip Code _____

Parent's Name(s) _____

Home Phone # _____ Work Phone # _____

***Emergency Contact**

Person(s) _____

Emergency Contact #s (Home) _____

(Work) _____

(Cell) _____

*Must be available from 9:00 a.m. to 12:30 p.m.

Does your child have any allergies or health problems that we should be aware of (i.e. food, plants, insect bites, animals, asthma, etc.)? If yes, please explain. _____

Are you sending your child with any medications, and/or prescriptions that he or she must take while at Zoo Patrol? (If yes, please explain.)

If at any time your child demonstrates inappropriate and/or disruptive behavior during his or her time spent at the Zoo for Zoo Patrol, you will be contacted immediately to pick up your child.

Parent's Acknowledgement & Authorization Form

I am the parent or legal guardian of _____, who has my permission to participate in all activities of the Connecticut's Beardsley Zoo's Zoo Patrol.

I realize that the Zoo Patrol programs are active, participatory programs that may often involve being out of doors and will dress my child appropriately for the day's activities. I understand that closed-toe shoes are preferred to sandals and that rain gear may be needed.

I authorize the Zoo Personnel to give the medications I have indicated on the reverse side of this form to my child as needed.

I agree to pick up my child immediately if I am notified that my child is demonstrating inappropriate or disruptive behavior during the course of the Zoo Patrol program.

I agree to allow the Zoo to use photos of my child participating in Zoo Patrol for promotional and news purposes.

I certify that the personal and medical information contained herein is true and correct to the best of my knowledge.

Signature _____

Date _____

Thank you!

Please send completed form to:

Education Department
Connecticut's Beardsley Zoo
1875 Noble Avenue
Bridgeport, CT 06610

Phone: (203)394-6563
Email: programming@beardsleyzoo.org

