BROOKFIELD ZOO
Chicago Zoological Society
Inspiring Conservation Leadership

Brookfield Zoo Medical Waiver

For office use only

In any medical emergency (bee sting, scrape, sprain, cut, etc.) Brookfield Zoo's Police Department is contacted. An emergency medical technician performs first aid on your child and immediately places a call to you. This call is to notify you of the incident and to inform you of any additional treatment options, which you may accept or refuse. Until you are reached, your child remains in the First Aid Office and cannot be released back into the Zoo. If you cannot be reached within a reasonable amount of time, a call is placed to Loyola Medical Center. Medical staff at Loyola Medical Center will decide if your child needs to be transported by ambulance to their facility. Payment of the ambulance and any treatment at Loyola Medical Center are your responsibility. With this medical waiver in place, if you are unable to be reached, Brookfield Zoo program staff can make the decision to accept or refuse medical treatment on behalf of your child.

Authorization for Medical Treatment of a Minor

(Please complete a separate form for each child)

My Camper is enrolled in: ☐ PreZoo ☐ Discovery ☐ Explorer ☐ Adventure ☐ ZooLab

I/we, being the parent(s)/legal guardian(s) of _____, a minor, do hereby appoint Brookfield Zoo staff to act on my/our behalf, in the event that I/we cannot be contacted, to authorize or refuse necessary emergency treatment while participating in the programs at Brookfield Zoo on the following dates:

Please mark all that apply

☐ June 2 – 6, 2014	☐ June 9 – 13, 2014	☐ June 16 – 20, 2014
☐ June 23 – 27, 2014	☐ July 7 – 11, 2014	☐ July 14 – 18, 2014
☐ July 21 – 25, 2014	☐ July 28 – August 1, 2014	☐ August 4 – 8, 2014

I understand that I will be responsible for the payment of all costs incurred incident to such treatment. I will not hold Brookfield Zoo in any way responsible for accident and/or injury to the child that are wholly or in part resulting from facilities, acts, or omissions not directly managed by the Chicago Zoological Society at Brookfield Zoo.

Please fill out this form as completely as possible,
circling the most likely way to reach you during the program.

Signature	Signature
Printed Name, Relationship to Child	Printed Name, Relationship to Child
Home Address	Home Address
City/State/Zip Code	City/State/Zip Code
Home Phone Number	Home Phone Number
Cell Phone Number	Cell Phone Number
Other emergency contacts and phone numbers	Other emergency contacts and phone numbers

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Child's Health History

Child's Name: _____

Birthday: _____ **Age:** _____

Are all immunizations required for school up to date? Yes No Exempt

(Mumps, measles, rubella; polio; haemophilus; influenza type B; pneumococcal; hepatitis A; hepatitis B; chicken pox; meningococcal meningitis; diphtheria, tetanus, pertusis)

Date (month/year) of last tetanus shot: _____

Any allergies or dietary restrictions:

_____

_____

_____

Current medications, including both prescribed or over-the-counter, and what needs to be administered during Zoo Camp:

_____

_____

Describe any Camp activities from which your child should be exempted for health reasons:

_____

_____

To help us provide the best possible experience, please specify any past medical treatments, or any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at Zoo Camp:

_____

_____

_____

Please list the name and phone number of your child's physician or health care facility:

_____

_____

Please list the names and phone numbers of individuals who have permission to drop off and pick up your child at Zoo Camp:

_____ _____

_____ _____