

BROOKFIELD ZOO ♦ MEDICAL WAIVER FORM

Teachers or group supervisors should have emergency contact numbers in their possession in case a child gets sick or injured on a field trip. It is also suggested that teachers have a medical waiver, signed by parents, for each child under 18 years of age. Only parents or legal guardians can make medical decisions for minors.

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.

Below is an example of a medical waiver. You may choose to use or adapt this form for your field trip.

Please bring the completed form at the time of the program.



Authorization for Medical Treatment of a Minor

(Please complete a separate form for each child.)

I/we, being the parent(s)/legal guardian(s) of _____, a minor, do hereby appoint
(child's name)

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 on this field trip to Brookfield Zoo on _____ . I understand that I will be
(date)

responsible for the payment of all costs incurred incident to such treatment. I will not hold Brookfield Zoo in any way responsible for accidents 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.

Mother/Father/Legal Guardian: Please fill out this form as completely as possible, circling the most likely way to reach you during the program.

Signature

Signature

Name, relationship to child

Name, relationship to child

Home address

Home address

()
Home phone number

()
Home phone number

Home phone number

Home phone number

()
Work phone number

()
Work phone number

Work phone number

Work phone number

()
Cellular/pager phone number

()
Cellular/pager phone number

Cellular/pager phone number

Cellular/pager phone number

Other emergency contacts and phone numbers:
