

**MEMPHIS ZOO**  
**Parental Consent and Medical Release Form**

**Parents: If you are attending a program yourself, please fill in the information on the back of this form!**

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

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

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

Date of Birth: \_\_\_\_\_ Sex: M F Grade: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

I can be reached at: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Emergency contact if I cannot be reached:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Authorized adults allowed to drop off and/or pick up my child:**

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

**Is child allergic to anything?** Yes No If yes, please list and describe severity: \_\_\_\_\_

\_\_\_\_\_

**Is child taking any medications?** Yes No If yes, please list: \_\_\_\_\_

Administered by Child ( ) by Teacher ( ), if so: dosage \_\_\_\_\_, Frequency \_\_\_\_\_, with food? Yes ( ) No ( )

**Does your child have any other health concerns and/or behavioral, mental or physical challenges that we need to be aware of?** Yes No If yes, please explain:

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

I am enrolling my child for classes or other activities at the Memphis Zoo. I give permission for my child to engage in those activities and to use any materials selected by the Zoo staff, except as specifically excluded above. For all of myself, my child, and my child's other parent and heirs, we release the Memphis Zoological Society and the city of Memphis, and their respective officers, employees and agents, from, and we waive and indemnify the Memphis Zoological Society and the city of Memphis against, all claims, losses, liabilities, demands, actions or costs which we may now or later have because of any loss, damage or injury sustained by my child or us during or by reason of the activities at or with the Memphis Zoo. I acknowledge that the Memphis Zoological Society does not carry medical insurance for my child and that I am solely responsible for payment for my child's medical care. In the event I cannot be reached in an emergency, I give permission for the staff of the Memphis Zoological Society 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. I agree that I will not bring my child to the Memphis Zoo while my child is ill with any communicable disease. After discussion with Zoo staff, if warranted, I understand that I am responsible for providing an assistant for my child if they need individual attention. I understand and accept that my child's clothing and personal property could become stained, torn, or lost while engaged in activities at the Memphis Zoo. I also agree that if my child is excluded from any activity because of inappropriate behavior, I am not entitled to a refund. I give permission to the Memphis Zoological Society to use photographs of my child and my child's work for publicity and other such purposes.

Sign: \_\_\_\_\_

Date \_\_\_\_\_

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