

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 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: _____

MEMPHIS ZOO
Consent and Medical Release Form

Participant's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Care Physician: _____ Phone: _____

Emergency contact:

Name: _____ Relationship: _____ Phone: _____

Are you allergic to anything? Yes No If yes, please list and describe severity: _____

Are you taking any medications? Yes No If yes, please list: _____

Do you have any other health concerns that we need to be aware of? Yes No If yes, please explain:

I am enrolling in a program at the Memphis Zoo. I release the Memphis Zoological Society and the city of Memphis, and their respective officers, employees and agents, from, and I waive and indemnify the Memphis Zoological Society and the city of Memphis against, all claims, losses, liabilities, demands, actions or costs which I may now or later have because of any loss, damage or injury sustained by me 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 me and that I am solely responsible for payment for my medical care. 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 me. I agree that I will not come to the Memphis Zoo with any communicable disease. I understand and accept that my clothing and personal property could become stained, torn, or lost while engaged in activities at the Memphis Zoo. I give permission to the Memphis Zoological Society to use photographs of me and/or my work for publicity and other such purposes.

Sign: _____ Date _____

Print Name: _____