



## Zoo Camp Emergency/Medical Information Form

Session Letter\_\_\_\_\_

This form **MUST** be received by The Friends of the Rosamond Gifford Zoo at Burnet Park, Inc. ("Friends") no later than two (2) weeks prior to your child's first day of camp. Campers without a current medical form on record will not be admitted to Zoo Camp. In accordance with New York State Department of Health regulation 10 NYCRR 7-2.8(c)(1), the zoo must have a copy of a current confidential medical history, including the child's immunization record, as well as an emergency contact.

CAMPER'S NAME\_\_\_\_\_ Camper's Age During Camp\_\_\_\_\_

Birth date\_\_\_\_\_ Male Female

Parent/Guardian Name\_\_\_\_\_ Phone (Home)\_\_\_\_\_

Address\_\_\_\_\_ Phone (Cell)\_\_\_\_\_

### HEALTH HISTORY (Check, giving approximate dates or current status):

Allergies/Conditions:

**Foods**\_\_\_\_\_

Other Allergies\_\_\_\_\_

Hay Fever\_\_\_\_\_ Asthma\_\_\_\_\_ Heart Murmur\_\_\_\_\_

Other Drugs\_\_\_\_\_ Diabetes\_\_\_\_\_ Epilepsy\_\_\_\_\_

Insect Stings\_\_\_\_\_ Chronic Illness\_\_\_\_\_ Fainting\_\_\_\_\_

Penicillin\_\_\_\_\_

ADD/ADHD/Specify Other\_\_\_\_\_

Operations/Serious Injuries\_\_\_\_\_

List details of above and any physical condition, special needs or activity restrictions the staff should know about:

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**IMMUNIZATION HISTORY** - In order for campers to attend Zoo Camp, the parent/guardian must list specific dates for each of the following immunizations. Failure to list specific dates is grounds for non-acceptance of the camper registration. This requirement is necessary to comply with New York State Department of Health regulation 10 NYCRR 7-2.8(c).

**A photocopy of your child's immunization record may be attached or faxed to the Friends directly from the doctor's office to 435-8517. Please make sure the camper's name and session letter of the camp they are attending are on the cover letter, attention 'Zoo Camp.'**

DPT Series\_\_\_\_\_ booster\_\_\_\_\_

Tetanus booster\_\_\_\_\_

Polio OPV (Sabin)\_\_\_\_\_ booster\_\_\_\_\_

Hepatitis B\_\_\_\_\_

Measles Vaccine (Live)\_\_\_\_\_

Mumps Vaccine (Live)\_\_\_\_\_

German Measles (Rubella)\_\_\_\_\_

Varicella (chicken pox)\_\_\_\_\_

Haemophilus influenza type B\_\_\_\_\_

Child's Primary Doctor:\_\_\_\_\_

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

Is your child covered under any medical insurance policy? If so, please specify:

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**Please fill out and sign emergency contact and release information on the back of this form.**

**EMERGENCY CONTACT - In the event the parent/guardian cannot be reached:**

Name \_\_\_\_\_

Phone (H) \_\_\_\_\_

Address \_\_\_\_\_

Phone (C) \_\_\_\_\_

Relationship \_\_\_\_\_

**PARENTAL AUTHORIZATION:**

*This health history is correct to the best of my knowledge, and the person herein described has permission to participate in all prescribed camp and related activities, except as indicated in writing by me or an examining physician. In an emergency, when the undersigned or emergency contact person cannot be contacted or it is impossible or impractical given the circumstances to contact such individuals, I hereby authorize the Camp Director or other Friends of the Rosamond Gifford Zoo at Burnet Park, Inc. staff to take any action deemed necessary under the circumstances for the best interest of my child. I also give consent to doctors/hospitals or other health care practitioners to administer proper medical assistance should the need arise.*

\_\_\_\_\_  
Signature of Parent/Guardian\_\_\_\_\_  
Date**Self-Medication Guidelines (only fill out if your child will be taking medication at camp):**

Employees of Friends are prohibited from administering any medication to any person at any time, including participants in our education programs, with the exception of Epi-pens in an emergency. Participants may, however, self-administer medication including asthma inhalers with parent/guardian permission **and** doctor's written order. Per New York State Health Department regulations, the following written order completed in full from your child's physician/prescriber is required for self-administration of any medication, including Epi-pens (self-administered or administered by trained Friends staff) and over the counter medications. Pharmacy labels are **not** a substitute for written orders. Please make sure your child knows the correct dosage and how to use or apply the medication, as Friends employees are prohibited from removing medication from its container.

Note: For your child's safety, certain zoo staff are trained in first aid, CPR/AED and Anaphylaxis and Epinephrine Auto-Injector, and will be present during each program.

**Allergies/conditions that require medication:****If applicable, please have your child's physician/prescriber fill out the following:**

Name of patient: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name of medication: \_\_\_\_\_

Dosage and route: \_\_\_\_\_

Frequency and times taken: \_\_\_\_\_

Prescriber's name and title: \_\_\_\_\_

Prescriber's phone number: \_\_\_\_\_

Prescriber's signature: \_\_\_\_\_

**PARENTAL AUTHORIZATION:**

*I hereby authorize the following child to self administer the medication listed above which has been approved and prescribed by my child's physician. I understand that employees of The Friends of the Rosamond Gifford Zoo at Burnet Park, Inc. cannot assist my child in any way during self administration, including removing medication from its container (with the exception of administration of Epi-pens by trained staff). In an emergency, when the undersigned or other named person cannot be contacted, I hereby authorize Friends of the Rosamond Gifford Zoo at Burnet Park, Inc. staff to take any action deemed necessary for the best interest of my child.*

\_\_\_\_\_  
Signature of Parent/Guardian\_\_\_\_\_  
Date