



Zoo Camp 2010 Emergency/Medical Information Form

This form **MUST** be received by the Zoo 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.

CAMPER'S NAME _____ Camper's Age _____
Birth date _____ Male Female _____ Grade Next Fall _____
Parent/Guardian Name _____ Phone (H) _____
Address _____ Phone (W) _____

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

Allergies/Conditions:

Hay Fever _____	Asthma _____	Heart Murmur _____
Poison Ivy _____	Chicken Pox _____	Diabetes _____
Insect Stings _____	Measles _____	Convulsions _____
Penicillin _____	German Measles _____	Fainting _____
Other Drugs _____	Mumps _____	Chronic/Recurring Illness _____
Hepatitis _____	Rheumatic Fever _____	

Foods _____

Other Allergies _____

Operations/Serious Injuries _____

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

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 Health Law, Chapter 1, Sub-part 7-2.8c.**

DPT Series _____ Booster _____ Tetanus booster _____
Polio OPV (Sabin) _____ Booster _____
Measles Vaccine (Live) _____ Mumps Vaccine (Live) _____
German Measles (Rubella) _____ Varicella (chicken pox) _____

Haemophilus influenza type B _____ Hepatitis B _____

Child's Doctor: _____ Phone _____

Address: _____

Child's Dentist: _____ Phone _____

Address: _____

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

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 (W) _____
_____ Relationship _____

PARENTAL AUTHORIZATION:

This health history is correct so far as I know, and the person herein described has permission to participate in all prescribed camp activities, except as noted by me or an examining physician. In an emergency, when the undersigned or other named person cannot be contacted, I hereby authorize the Camp Director to take any action deemed necessary for the best interest of my child. I also give consent to local doctors/hospitals to administer proper medical assistance should the need arise.

Signature of Parent/Guardian

Date

Self-Medication Guidelines

Employees of the Friends of the Zoo are prohibited from administering any medication, including sun screen and insect repellent, to any person at any time, including Zoo Campers. Zoo Campers may, however, self-administer medication including asthma inhalers and Epi-pens 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 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 employees are prohibited from removing medication from its container.

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 and approved by my child's physician. I understand that employees of Friends of the Zoo cannot assist my child in any way during self administration, including removing medication from its container.

Child's name

Signature of Parent/Guardian

Date