

Medical Information

Please list any medical conditions your child has that we should be aware of — allergies, Asthma, Diabetes, etc.: _____

Will your child need medication while at camp? Yes No

If yes, please list the medications, dosage and time to administer: _____

Does your child have any physical limitations or other disabilities? Yes No

If yes, please explain: _____

Doctor's name: _____ Doctor's phone no.: _____

Parental Waiver & Agreement

I hereby ...

- Give the Seneca Park Zoo permission to administer emergency medical attention to my child in my absence. I understand I am not liable for the medical care costs incurred during treatment.
- Give my child permission to leave Zoo grounds to walk to Seneca Park for games, hikes and other activities.
- Authorize the Seneca Park Zoo Society to use any photographs or video images of my child for public relations and marketing purposes.
- Understand that if my child exhibits any behavior that may cause harm to themselves, other campers, or camp staff they may be asked to leave. These behaviors include, but are not limited to hitting, kicking, biting, inappropriate language or other harassment.
- Understand that I have discussed the above rules with my child and we agree to abide by them.
- Understand that if my child does not follow these rules, the Camp Director will speak to the Parent/Guardian before action will be taken. Campers not abiding by these rules will be asked to leave the Seneca Park Zoo Society Camp program without a refund.

Childs Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Mail this completed form to the Seneca Park Zoo Education Department, 2222 St. Paul Street, Rochester, NY 14621. Please note: All confirmations will be e-mailed to you. Thank you!