

MUST be submitted with ZooCamp registration form

Camper Personal and Medical Information ZOO CAMP 2024 – For use with mail-in registrations ONLY

Parent or Guardian: Please print the following information. These details are important to ensure your child's safety and in helping us to prevent and treat health or medical problems. **Completed forms must be received at least two weeks prior to your child attending ZooCamp.** If not received by these dates, your child(ren) will not be permitted to attend ZooCamp. This form and information contained is confidential. Please complete a separate form for each camper. Call (401) 785-3510 x 358 with any questions.

Camper's Name:

<i>Last</i>	<i>First</i>	<i>Nickname (if any)</i>

Camp Name and Week(s) Attending:

--

 Gender: M or F

Age (at Camp):

--

 Date of Birth:

--

Emergency Contacts:

In the event that a parent or guardian cannot be reached, please designate two individuals other than yourself that may be contacted in an emergency:

Full Name	Relationship	Best Phone Number to Use:
		()
Full Name	Relationship	Best Phone Number to Use:
		()

Medical Information:

This information does not have to be verified by a doctor. Please circle the answer below and give details or initial as indicated. **Please print.**

1. Does the camper have any allergies? NO YES (Please list)

2. All children are welcome at Roger Williams Park Zoo programs. Please provide us with the tools necessary to give your child the best possible experience at ZooCamp by informing us of any and all special considerations - this may include information on allergies, accessibility concerns, behavioral, psychological or emotional conditions or other special needs. Details of any Individualized Education Plans (IEP) or Behavior Plans used with your child at school can often be helpful.

3. Is the camper currently taking any medications? NO YES (Please list)
(Please **include** medications taken at home.)

*Any medication that is to be administered to a camper routinely or in an emergency must be given to the Zoo EMT in a prescription bottle with the following information clearly displayed: child's name, name of medication & instructions. A Medication Permission Slip **MUST** also be completed at that time. If you have any questions, please call.*

4. Does the camper carry an Epi-pen or inhaler? NO YES (Please list)

Please See Page Two

Camper's Name:

--	--

Permissions:

1. I authorize Roger Williams Park Zoo to give my child basic first aid as needed: YES Initials: _____
2. I authorize Roger Williams Park Zoo to give my child over-the-counter medicine, such as Tylenol or Pepto Bismol as needed: NO YES Initials: _____
3. In case of an emergency where a parent or legal guardian cannot be reached, I hereby give consent to the Roger Williams Park Zoo to secure treatment for my child: NO YES Initials: _____
4. I understand that I am responsible for updating any personal or medical information that changes by contacting the camp director: NO YES Initials: _____
5. I authorize Roger Williams Park Zoo to include my child's name and photograph in camp newsletters and for other education and public relations purposes related to the Zoo: NO YES Initials: _____
6. I also agree to read the Roger Williams Park ZooCamp Handbook in its entirety and agree to all terms, conditions and policies contained within. I will also communicate all necessary information to my camper. YES Initials: _____
7. I give permission for my camper to use Roger Williams Park Zoo sunscreen and acknowledge that my camper can apply sunscreen themselves. NO YES Initials: _____
8. In the event that my camper is unable to apply sunscreen by themselves, a counselor may help my camper apply sunscreen as necessary. NO YES Initials: _____

Authorized Pick-Up:

Please list up to six names of anyone (**including yourself**) who will be picking your child up from ZooCamp. Your child will only be released to the people on this list unless written permission is provided at morning drop off. All individuals on the list or in a written note, including parents, **must show a photo I.D. each time they pick up your child.** This is for your child's safety.

Please print and write the name *exactly* as it appears on picture I.D.

FULL NAME (As it appears on I.D. – no nicknames)	FULL NAME (As it appears on I.D. – no nicknames)
1. <i>Don't forget to list yourself!</i>	4.
2.	5.
3.	6.

Please create a **"Kid Code"**, a secret phrase that **only** authorized pick-ups and camp administration will know. This code can help the pickup process in the event that an **ID is lost or stolen**. It **does not replace a photo ID at pick up**. The code should be one or two words and may not include any camper or adult names.

Remember: All individuals must show a photo I.D. each time they pick up your child. Provided names **must match photo I.D. exactly**. There will be no exceptions. This is for your child's safety.

Please See Page 3

Camper's Name:

--	--

Camper Grouping:

We will be creating stable groups for camp. Once camp starts on Monday, there will be no group changes. Please list the names of friends or siblings that you would like the zoo to try and group your child with:

*This is **NOT** a guarantee. The camp director will group children at their discretion & children of significantly different ages will not be grouped together.*

Signature: _____ Date: _____

Relationship to child: _____

**Return completed form with registration to: Roger Williams Park Zoo
Education Department, Attn: ZooCamp: 1000 Elmwood Avenue, Providence, RI 02907**