

PLEASE COMPLETE THIS FORM & give to Zoo Instructor

(We ask that you complete this form for all classes that a child is present without an adult.)

Wildlife Academy Health Inventory & Agreement of Participation

Participant's Name _____ Birth date _____ Grade _____ Circle One: M F

Parent/Guardian #1 _____ Daytime Phone _____ Evening Phone _____

#2 _____ Daytime Phone _____ Evening Phone _____

Other Phone Numbers (pagers, cellular, etc.) _____

Name of friend or relative to contact in case parent cannot be reached:

Name: _____ Relation _____ Phone _____

PLEASE CHECK BELOW IF YOUR CHILD HAS SUFFERED FROM ANY OF THE FOLLOWING:

- Rheumatic Fever Asthma Eye Trouble Insect Sting Allergies
- Tuberculosis Convulsions Ear Trouble Food Allergies
- Heart Disease Diabetes Hay Fever Other Allergies
- Exposed to Communicable Disease (Date _____) Learning Disability
- Any Other Serious Illness, Operation or Accident Aide Attending (Clearance Acts attached)

Please explain any item checked: _____

Is your child under any medical care, taking any medications or have any health restrictions or concerns not listed above? _____

AUTHORIZATION: THIS HEALTH INFORMATION IS CORRECT AS FAR AS I KNOW AND THE PERSON HEREIN DESCRIBED HAS MY PERMISSION TO PARTICIPATE IN ALL PROGRAM ACTIVITIES EXCEPT AS NOTED BY ME AND/OR THE PHYSICIAN. PERMISSION IS GIVEN TO PROVIDE MEDICAL CARE FOR THIS CHILD IN THE EVENT OF AN EMERGENCY. THE ZOOLOGICAL SOCIETY OF PITTSBURGH'S EDUCATIONAL PROGRAM IS A PUBLIC SERVICE AND WE ARE UNABLE TO ACCEPT LIABILITY IN CASE OF AN ACCIDENT. IT IS NECESSARY TO HAVE YOUR CONSENT FOR YOUR CHILD TO PARTICIPATE, AND AGREEMENT THAT THE SPONSORING ORGANIZATIONS AND PERSONNEL WILL NOT BE HELD LIABLE IN CASE OF AN ACCIDENT. I HEREBY RELIEVE THE ZOOLOGICAL SOCIETY OF PITTSBURGH, THE PITTSBURGH ZOO & PPG AQUARIUM, ITS STAFF AND INSTRUCTORS FROM ANY RESPONSIBILITY FOR ANY BODILY INJURIES, ETC., INCURRED BY MY CHILD AS A RESULT OF HIS/HER PARTICIPATION IN THIS ACTIVITY. THE PITTSBURGH ZOO & PPG AQUARIUM RESERVES THE RIGHTS TO USE ANY AND ALL PHOTOGRAPHS AND VIDEOTAPES FOR TELEVISION, OR PUBLIC RELATIONS AND MARKETING OF THE PITTSBURGH ZOO & PPG AQUARIUM. I GIVE MY PERMISSION TO THE ZOO TO USE THE PHOTOGRAPHS/VIDEO TAPES FOR MARKETING PURPOSES. I have read and understand the information in the enclosed confirmation letter and agree to comply with the rules and conditions stated in it.

Parent/Guardian's Signature _____ Date _____

Please list any additional people that have permission to pick-up your child. =>