

Summer Camp 2009 Dismissal/Contact Form

****Pre-Registration and Pre-Payment for Summer Camp required****



PLEASE FILL OUT A SEPARATE FORM FOR EACH PARTICIPANT AND TURN IN THE FIRST DAY OF CAMP.

Participant's Name: _____

Camp Topic: _____ **Dates/Time:** _____

DISMISSAL INFORMATION

Please list **ALL** the adults that are authorized to pick the child up from Summer Camp. **Children will not be released to anyone NOT listed on this form, including parents.** Individuals picking up children will need to present **photo identification EVERY time they pick up the child.**

| Name | Relationship |
|-------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

*For a quick and easy dismissal share your camper's room location and camp topic with all adults listed above.

EMERGENCY CONTACT INFORMATION

Call this person first: _____ **Relationship:** _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

If above not available: _____ **Relationship:** _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Describe any medical condition, **allergies**, special needs, physical limitations, or anything else we should know about your camper to help us provide the best experience possible. Include any prescription and nonprescription medications currently taken:

Please read the following and sign below:

I give the Cincinnati Zoo & Botanical Garden permission to administer basic first aid (i.e. band-aid, icepack) to the above participant. The Cincinnati Zoo & Botanical Garden does not dispense medications, including pain relievers. In case of illness or injury to my child, I give consent to the Cincinnati Zoo & Botanical Garden to seek medical attention for the above participant and I hereby authorize any treatment deemed necessary. I understand that my child will be allowed to carry medically necessary medications. Special arrangements will be made as necessary. I give the Cincinnati Zoo & Botanical Garden or its agents permission to take photos, audio recordings or video of the above participant and to use said media taken of the above participant for promotional efforts.

Parent /Guardian Signature: _____ Date: _____