



# Saint Louis Zoo

Animals Always®

## Education Department

Name of Zoo Friends Member \_\_\_\_\_

OR Head of Household (if general public) \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_

Name of Participant \_\_\_\_\_

**MEDICAL CONSENT** - Required for Participants in Youth, Camp KangaZoo, Keeper-For-A-Day, and Sea Lion Trainer-For-A-Day Programs. Signature of parent/legal guardian required for participants under 18 years old.

In case of emergency, I understand that every effort will be made to reach me, followed by the emergency contact. In the event that neither I, nor my emergency contact can be reached, I give my consent for my child to be taken to the nearest appropriate hospital for immediate care.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Emergency Contacts

\_\_\_\_\_  
(Name) (Relationship) (Phone #) (phone #)

\_\_\_\_\_  
(Name) (Relationship) (Phone #) (phone #)

### Family Physician

Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

### Medical Insurance Information

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

### Information about Child

Please describe any medical condition, special need, or restricted activity that the education staff should be aware.

Participant name \_\_\_\_\_ Comments \_\_\_\_\_

**Mail to:** Registration, Saint Louis Zoo, Education Department, One Government Drive, St. Louis, MO, 63110