

## Zoo ALIVE Teen Volunteer – Medical Release/ Information Form

TEEN VOLUNTEER LEGAL NAME		BIRTHDATE			AGE
Last	First	MM	DD	YY	

ADDRESS			
Street	City	State	ZIP

PARENT/LEGAL GUARDIAN NAMES	
Last	First
1	
2	
3	

FAMILY PHYSICIAN			
Name			Phone
Street	City	State	ZIP

MEDICAL INSURANCE CARRIER	POLICY #

CONTACT PHONE NUMBERS - PLEASE LIST AS MANY AS POSSIBLE, IN ORDER OF PREFERENCE					
Phone #	Whose #?	Cell, Home, Work, etc?	Phone #	Whose #?	Cell, Home, Work, etc?
1			5		
2			6		
3			7		
4			8		

ADDITIONAL EMERGENCY CONTACTS - PLEASE NAME TWO OTHER PEOPLE WE MAY CONTACT IN THE EVENT OF AN EMERGENCY			
1 Name	Relationship	Home Phone	Alternate Phone
2 Name	Relationship	Home Phone	Alternate Phone

<b>MEDICAL INFO - PLEASE SHARE ANY MEDICAL OR HEALTH INFORMATION THAT WE SHOULD KNOW ABOUT YOUR TEEN. THIS INFORMATION WILL ONLY BE USED TO PROVIDE APPROPRIATE CARE TO YOUR TEEN IN CASE OF A MEDICAL EMERGENCY, AND DOES NOT AFFECT ACCEPTANCE INTO ZOO ALIVE.</b>
Allergies
Medical Conditions
Medications
Restricted Activities
Other

<b>IN CASE OF EMERGENCY - I UNDERSTAND THAT WHEN MEDICALLY FEASIBLE, EVERY EFFORT WILL BE MADE TO CONTACT THE PARENTS, AND THEN OTHER EMERGENCY CONTACTS LISTED ABOVE. IN THE EVENT NEITHER PARENTS NOR EMERGENCY CONTACTS CAN BE REACHED, I UNDERSTAND THAT THE ZOO ALIVE VOLUNTEER WILL BE TAKEN TO THE NEAREST APPROPRIATE HOSPITAL FOR IMMEDIATE CARE.</b>	
PARENT/GUARDIAN SIGNATURE (if volunteer is under 18 years of age)	Date
VOLUNTEER SIGNATURE (if volunteer is 18 years of age or older)	Date