

Emergency and Health History Form
Akron Zoological Park

Please complete this form and bring it to the zoo for your program. Do not mail it to the zoo. This form must be filled out and on file. Thank you.

Name of Participant: (Please Print) _____

Home Address: _____
Street
City
Zip

EMERGENCY CONTACT PERSON: (Please Print) _____

Phone: _____

Below check any current health conditions that may require attention during the program:

- | | |
|---|---|
| <input type="checkbox"/> Allergies (be specific)
<input type="checkbox"/> Foods _____
<input type="checkbox"/> Bee sting _____
<input type="checkbox"/> Other _____
<input type="checkbox"/> Hearing problems
<input type="checkbox"/> Heart problems (be specific) _____
<input type="checkbox"/> Vision problems (be specific) _____
<input type="checkbox"/> Contacts
<input type="checkbox"/> Other (be specific) _____ | <input type="checkbox"/> Physical disability (be specific) _____
<input type="checkbox"/> Seizures
<input type="checkbox"/> Asthma
<input type="checkbox"/> Hearing aid(s) _____ |
|---|---|

List all medications we should know about in case of an emergency _____

PLEASE READ FOLLOWING CAREFULLY.

In the event I am unconscious, unable to respond, or the zoo staff is unable to reach my emergency contact person listed above during a medical emergency, I understand that the policy of the Akron Zoological Park is to call 911 to transfer me to Akron General Medical Center.

I authorize the Akron Zoo to take all necessary steps to insure my health and safety in case of an emergency. Furthermore, I agree to hold the Akron Zoological Park free and harmless from damage to the property or injury sustained by participation that may result from the operation of the program. I also authorize the Akron Zoo to use my name and photograph for education and public relations purposes related to the zoo.

Name: (Please Print) _____

Signature: _____ Date: _____