

# WILD ANIMAL PARK SUMMER CAMP

Please complete the following form and bring to Orientation on the first day of your child's camp.

Start Date of Camp: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Last First

The health history provided at registration is correct so far as I know, and the person herein described has permission to engage in all prescribed class activities except as noted below.

### AUTHORIZATION FOR TREATMENT:

I hereby give permission to the medical personnel at the Wild Animal Park to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the Wild Animal Park medical personnel to secure and administer treatment, including hospitalization, for my child as named above.

I hereby authorize the San Diego Zoo's Wild Animal Park and its official representatives to use, without obligation to me, all photographs and motion pictures taken of my child for any and all publicity and advertising purposes they may designate.

NOTES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name / Parent or Guardian (Please print): \_\_\_\_\_

Signature / Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

