

Camper's Name:

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Permissions:

- 1. I authorize Roger Williams Park Zoo to give my child basic first aid as needed:
NO YES Initials: _____
- 2. I authorize Roger Williams Park Zoo to give my child over-the-counter medicine, such as Tylenol or Pepto Bismol as needed:
NO YES Initials: _____
- 3. In case of an emergency where a parent or legal guardian cannot be reached, I hereby give consent to the Roger Williams Park Zoo to secure treatment for my child:
NO YES Initials: _____
- 4. I understand that I am responsible for updating any personal or medical information that changes by contacting the camp director:
NO YES Initials: _____
- 5. I authorize Roger Williams Park Zoo to include my child's name and photograph in camp newsletters and for other education and public relations purposes related to the Zoo:
NO YES Initials: _____
- 6. I agree to read the Roger Williams Park ZooCamp Handbook and communicate any necessary information to my camper:
YES Initials: _____

Authorized Pick-Up:

Please list up to six names of anyone (**including yourself**) who will be picking your child up from ZooCamp. Your child will only be released to the people on this list unless written permission is provided at morning drop off. All individuals on the list or in a written note, including parents, **must show a photo I.D. each time they pick up your child.** This is for your child's safety.

Please print and write the name *exactly* as it appears *on picture I.D.*

FULL NAME (As it appears on I.D. – no nicknames)	FULL NAME (As it appears on I.D. – no nicknames)
1. <i>Don't forget to list yourself!</i>	4.
2.	5.
3.	6.

Remember: All individuals must show a photo I.D. each time they pick up your child. Provided names must match photo I.D. exactly. There will be no exceptions. This is for your child's safety.

Camper Grouping:

In Winter, Spring & Summer Adventures, campers are divided into groups according to grade. Please list the names of friends or siblings (**must be same age**) that you would like the zoo to try and group your child with:

*This is **NOT** a guarantee. The camp director will group children at their discretion & children of significantly different ages will not be grouped together.*

Signature: _____ Date: _____

Relationship to child: _____

Return completed form with registration to:
 Roger Williams Park Zoo
 Education Department, Attn: ZooCamp
 1000 Elmwood Avenue, Providence, RI 02907