



Age \_\_\_\_\_ DOB: \_\_\_\_\_  
Week \_\_\_\_\_

## CAMP MEDICAL RELEASE and CONSENT FORM

**Complete this form and mail/email it to Riverbanks' Education Department, P.O. Box 1060, Columbia, SC 29202-1060 at least 2 weeks before your child's camp session to secure enrollment in the program. This form must be completed and submitted for your child to participate.**

Child's Name \_\_\_\_\_ Nickname for Name Badge \_\_\_\_\_

Any difficulties with vision, hearing, or speech that staff needs to be made aware of? If so, please explain.

\_\_\_\_\_

Any conditions limiting classroom or physical activity? If so, please explain.

\_\_\_\_\_

Any medications or significant allergies? If so, please explain.

\_\_\_\_\_

Are immunizations current? (Approx. date) \_\_\_\_\_

**\*Emergency Contacts *must be reachable immediately*:**

1.	_____	_____	_____	_____
	Name	Relationship to camper	Home#	Day/Cell#

2.	_____	_____	_____	_____
	Name	Relationship to camper	Home#	Day/Cell#

Please list the names of **anyone** who will be picking your child up from camp **INCLUDING PARENTS!!** Your child will only be released to the people on this list unless the instructors are given a note in the morning when the child is dropped off. **Grandparents or other relatives/friends will not be allowed to pick up your child unless their name is listed on this form. Please use the name as it appears on their I.D. You WILL be asked to show your I.D. each day during pickup, so please plan to have it with you.**

*Name*

*Relationship to Camper*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

*(Please see other side)*

## **In case of Medical Emergency**

**Primary Care Physician's Name & Telephone #** \_\_\_\_\_

**Preferred Hospital of Choice** \_\_\_\_\_

I am enrolling my child for an educational program at the Riverbanks Zoo and Garden. I give permission for my child to engage in those activities and to use any materials selected by the park staff, except as specifically excluded above. I acknowledge that the Riverbanks Zoo does not carry medical insurance for my child and that I am solely responsible for payment for my child's medical care. In case of medical emergency, I understand that every effort will be made to contact parents or guardians from the emergency contacts listed. In the event that these cannot be reached, I give permission for the staff of the Riverbanks Zoo and Garden to hospitalize, secure proper treatment for, and/or consent to any treatment, injection, anesthesia or surgery deemed necessary for an injury or illness sustained by my child. I agree that I will not bring my child to the Riverbanks Zoo and Garden while my child is ill with any communicable disease. After discussion with Zoo staff, if warranted, I understand that I am responsible for providing an assistant for my child if they need individual attention. I understand that injury or loss of personal property may occur while participating in activities at the Riverbanks Zoo and that management assumes no responsibility or liability for accident or loss to any person resulting from or any way connected to the condition or use of the premises. Commercial photography and filming activities are conducted at Riverbanks zoo and Garden. Entry into the park and/or purchase of any admission or educational program ticket constitutes my consent for Riverbanks Zoo and Garden to use my child's picture or child's work for publicity or other such purposes. I understand that Riverbanks Zoo and Garden reserves the right to deny access to its facilities to individuals who refuse to obey park rules or personnel and I also agree that if my child is excluded from any activity because of inappropriate behavior, I am not entitled to a refund.

I have read and understand *all* of the above information and attached policies.

\_\_\_\_\_  
***Parent/Guardian Printed Name***

\_\_\_\_\_  
***Parent/Guardian Signature***

\_\_\_\_\_  
***Date***