

Racine Zoo Slumber Safari Medical & Release Forms

Please fill out one for each participant attending.

Guest Name: _____ **Date of Birth (if under 18 yrs):** _____

Please provide any information on any medical conditions, health problems, or medications that the staff should know in advance to best accommodate the needs of your family. If none, please write none.

Allergies: _____

Physical / Mental Disabilities: _____

Prescribed Medications: _____

Health Restrictions / Developmental Conditions: _____

I hereby give my consent for emergency medical care or treatment of myself/my child, to be used only if I am unable to respond or cannot be reached immediately. I give permission to the Racine Zoo to use photos taken during the event for public relations purposes. I understand that all payments are non-refundable unless the event is cancelled by the Zoo.

Signature of Guest or Parent/Guardian

Date Signed

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