



# SUMMER ZOO CAMP 2018

## LOUISIANA PURCHASE GARDENS & ZOO • MONROE, LOUISIANA

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Special Needs Information including allergies, accessibility, medication, fears, etc.

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

**Please be advised that NO medication will be administered by Zoo Staff or Camp Personnel.**

### Emergency Contacts

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Pick-Up Authorization

The following individual(s) are the ONLY persons permitted to pick up your child. Please note that ALL individuals who are authorized to pick up your child MUST BE LISTED below; they MUST provide the counselor or Education Curator with valid photo-ID, and sign the camper out on the form provided. NO EXCEPTIONS.

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____