Emergency and Health History Form
Akron Zoological Park
2021

Please complete this form and bring it to the zoo for your program. Do not mail it to the zoo. This form must be filled out and on file. Thank you.

NAME:
_____

HOME ADDRESS: _____
Street City Zip

EMERGENCY CONTACT PERSON: _____

PHONE: _____

Below check any current health conditions that may require attention during the program:

- Allergies (be specific)
  - Foods_____
  - Bee sting_____
  - Other_____
- Hearing problems
- Hearing aid(s)
- Heart problems (be specific)_____
- Vision problems (be specific)_____
- Contacts
- Other (be specific)_____
  _____
- Physical disability (be specific)_____
  _____
- Seizures
- Asthma

List all medications we should know about in case of an emergency_____
_____

PLEASE READ FOLLOWING CAREFULLY.
In the event I am unconscious, unable to respond, or the zoo staff is unable to reach my emergency contact person listed above during a medical emergency, I understand that the policy of the Akron Zoological Park is to call 911 to transfer me to Akron General Medical Center.

I authorize the Akron Zoo to take all necessary steps to insure my health and safety in case of an emergency. Furthermore, I agree to hold the Akron Zoological Park free and harmless from damage to the property or injury sustained by participation that may result from the operation of the program. I also authorize the Akron Zoo to use my name and photograph for education and public relations purposes related to the zoo.

Signature:_____ Date:_____