## Emergency and Health History Form Akron Zoological Park 2022

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.

OME ADDRESS:			
	Street	City	Zip
IERGENCY CONTACT P	ERSON:		
ONE:			
elow check any current heal	th conditions that may	require attention dur	ing the program:
Allergies (be specific)	·	Physical	ing the program: disability (be specific)
Allergies (be specific) ] Foods ] Bee sting		Physical	disability (be specific)
Allergies (be specific) Foods Bee sting Other		Physical	disability (be specific)
Allergies (be specific) ] Foods ] Bee sting ] Other Hearing problems	Hearing aid(s)	<ul> <li>Physical</li> <li>Seizures</li> <li>Asthma</li> </ul>	disability (be specific)
Allergies (be specific) l Foods l Bee sting l Other Hearing problems Heart problems (be specific	Hearing aid(s)	<ul> <li>Physical</li> <li>Seizures</li> <li>Asthma</li> </ul>	disability (be specific)
Allergies (be specific)   Foods   Bee sting   Other Hearing problems Heart problems (be specific	Hearing aid(s)	<ul> <li>Physical</li> <li>Seizures</li> <li>Asthma</li> </ul>	disability (be specific)
Allergies (be specific)	Hearing aid(s)	Physical     Seizures     Asthma	disability (be specific)

## 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:\_\_\_\_\_