

# BROOKFIELD ZOO MEDICAL WAIVER FORM

## Medical Waiver Form Explanation

The following is a medical waiver form for your child.

In any medical emergency (bee sting, scrape, sprain, cut, etc.), Brookfield Zoo's Police Department is contacted. An emergency medical technician performs first aid on your child and immediately places a call to you. This call is to notify you of the incident and to inform you of any additional treatment options, which you may accept or refuse. Until you are reached, your child remains in the First Aid Office and cannot be released back into the zoo. If you cannot be reached within a reasonable amount of time, a call is placed to Loyola Medical Center. Medical staff at Loyola Medical Center will decide if your child needs to be transported by ambulance to their facility. Payment of the ambulance and any treatment at Loyola Medical Center are your responsibility. With this medical waiver in place, if you are unable to be reached, Brookfield Zoo program staff can make the decision to accept or refuse medical treatment on behalf of your child.

Please bring the completed form at the time of the program.



---

## AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

(Please complete a separate form for each child.)

I/we, being the parent(s)/legal guardian(s) of \_\_\_\_\_, a minor, do hereby appoint  
(child's name)

Brookfield Zoo staff to act on my/our behalf, in the event that I/we cannot be contacted, to authorize or refuse necessary emergency treatment while participating in programs at Brookfield Zoo summer day camp on \_\_\_\_\_.  
(dates)

I understand that I will be responsible for the payment of all costs incurred incident to such treatment. I will not hold Brookfield Zoo in any way responsible for accidents and/or injury to the child that are wholly or in part resulting from facilities, acts, or omissions not directly managed by the Chicago Zoological Society at Brookfield Zoo.

**Mother/father/legal guardian: Please fill out this form as completely as possible, circling the most likely way to reach you during the program.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name, relationship to child

\_\_\_\_\_  
Name, relationship to child

\_\_\_\_\_  
Home address

\_\_\_\_\_  
Home address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
City/State/Zip Code

( ) \_\_\_\_\_  
Home phone number

( ) \_\_\_\_\_  
Home phone number

\_\_\_\_\_

\_\_\_\_\_

( ) \_\_\_\_\_  
Work phone number

( ) \_\_\_\_\_  
Work phone number

\_\_\_\_\_

\_\_\_\_\_

( ) \_\_\_\_\_  
Cellular/pager phone number

( ) \_\_\_\_\_  
Cellular/pager phone number

Other emergency contacts and phone numbers:

(Note: This document is two pages.)

---

To help us provide the best possible camp experience, please specify allergies, medical problems, physical needs, behavioral needs, or learning disabilities concerning your child.

---

---

---

---

Is there anything else we should know about your child regarding possible medical emergencies?

---

---

---

---

Please indicate the names and phone numbers of individuals who have permission to drop off or pick up your child at camp.

---

---

---

---