



Lake Superior Zoo School

Child Emergency Information Form

Zoo School staff:
add child photo here

Child's Name _____

Child's Date of Birth _____ Gender, Pronouns _____

Child's Current Address _____

Primary Parent Phone Number _____

Allergies: _____

Current Medications: _____

ICCPP (special needs care plan) on file: Yes No **Reason:** _____

Parent(s)/Guardian(s):

Name	Name
Address	Address
Home Phone	Home Phone
Cell Phone	Cell Phone
Email Address	Email Address
Work Place/Occupation	Work Place/Occupation
Work Phone	Work Phone

Names of at least two (2) emergency contacts who are also authorized to pick up your child:

Name(s)	
Cell Phone	Alternate Phone #
Home Address	
Name(s)	
Cell Phone	Alternate Phone #
Home Address	
Name(s)	
Cell Phone	Alternate Phone #
Home Address	

Name of any person specifically NOT authorized to pick up your child:

Name: _____ Relationship: _____

Medication Release

I give permission for LSZS staff to administer the following OTC medications to my child:

- Lotion for soothing dry skin
- Sunscreen to prevent sun damage to skin
- Sting Relief antiseptic swab for insect bites/stings
- DEET-free bug spray to prevent insect bites
- Antiseptic towelette to cleanse minor wounds
- Alcohol prep pad to clean around minor wounds
- Baby wipes to clean skin after toileting accident
- Eyewash for flushing eye due to minor irritation
- Hand sanitizer to sanitize hands (i.e. used after blowing nose or before eating outdoor snack)

I understand that LSZS will not administer any other medication without a prescription and/or written instructions from a physician and/or parent/guardian.

✓ Parent/Guardian Initials: _____

Authorization to Act in the Event of Minor Injury

In the event of a minor injury, such as a scrape, cut, or sliver, I authorize the staff of the Lake Superior Zoo School to administer first aid to my child.

✓ Parent/Guardian Initials: _____

Permission to Transport in an Emergency

I give permission for my child to be transported in the case of an emergency, such as an evacuation.

✓ Parent/Guardian Initials: _____

Authorization to Act in an Emergency

In the event of a medical emergency, I authorize emergency medical personnel to care for my child and/or transport my child to the hospital. I authorize the administration of emergency medical treatment to my child by a duly qualified health practitioner in my absence.

Preferred hospital: _____

✓ Parent/Guardian Initials: _____

Health Care Information

Complete doctor, dentist, and insurance information is required for all children. This information will be used in the case of an emergency in which you cannot be reached. If your child does not have a dentist, please list your own.

Child's Doctor	Phone #
Doctor's Address	
Health Insurance	
Group Number	Policy Number
Child's Dentist	Phone #
Dentist's Address	
Dental Insurance	
Group Number	Policy Number

Parent/Guardian Signature: _____ Date _____

