



## **Animal Camp 2017 Information Sheet**

Welcome to Animal Camp 2017 at the Rosamond Gifford Zoo at Burnet Park! Please be sure to read the following information about safety procedures and camp policies in place to ensure the safety of your children.

**Camp days and hours:**

Monday, June 26-Friday June 30, from 10 a.m. to 3 p.m. each day.

**What you can expect:**

Each instructor has experience working with children and is familiar with the zoo. All instructors and volunteers have had background checks. The camps focus on the topic for the week and the instructors have activities planned to match the topic. Activities may include "behind the scenes" tours, keeper talks, games, crafts and plenty of tours of the zoo. Your child can expect to learn and have fun while they are at the Rosamond Gifford Zoo.

**Required forms:**



In accordance with the Onondaga County Health Department (OCHD), each child **MUST** have a medical form filled out in full and signed or they cannot be admitted into camp. In addition, the Education Department requires the attached Consent and Waiver Form and Drop-off/Pick-up Procedure Form on file for the safety of your child. **All completed forms must be received by the zoo no later than two (2) weeks prior to your child's first day of camp.**

**Please mail all 3 forms to:** Zoo Camp Forms, One Conservation Place, Syracuse, NY 13204

**You may also fax them to:** (315) 435-8517

**How to prepare for camp:**

Please have your camper dress appropriately for the weather and bring or wear sun block or insect repellent as needed. We may go outside in the rain, but will stay inside during extreme weather conditions (thunderstorms, extreme heat, etc.). Campers are responsible for their own belongings. Please make sure everything is labeled. In accordance with the OCHD, Zoo staff are prohibited from administering any medication **except for Epi-pens** in an emergency situation. Campers may self-administer prescription medication as needed with doctor and parental permission (included on medical form). Education staff are trained in first aid, CPR/AED and Epinephrine Auto-Injector, and will be present during each program.

**What to wear:**

For safety reasons, one camp t-shirt will be provided and **must** be worn everyday. Instructors will be wearing the same color of shirts for easy identification. Please have campers wear comfortable clothing and sneakers (**flip flops and open toed sandals are not allowed**). Any camper wearing open toed shoes, including flip-flops, will be denied access to any behind the scenes activities. Campers may get dirty under certain circumstances; please keep this in mind since zoo learning can be a messy process!

**Lunch/snacks:**

Snacks, water bottles, and fresh water will be provided for every camper each day. If your child has any food allergies, please indicate on the medical form. We strive to provide food that does not contain peanuts, peanut oil, tree nuts, or tree nut oil. **All campers must bring their own lunch.**

**Absent/late campers:**

If your child will be absent, late for the day, or requires early pick up please call the Zoo Camp Director cell phone at (315) 414-7406

**Health department license:**

Zoo Camp is licensed by the Onondaga County Health Department and is inspected twice a year. Inspection reports concerning Zoo Camp are on file at: Onondaga County Health Department, Division of Environmental Health, John H. Mulroy Civic Center 12<sup>th</sup> Floor, 421 Montgomery Street, Syracuse NY 13202 or call (315) 435-6617.

All of us at the Rosamond Gifford Zoo are looking forward to another wonderful summer! If you have any questions or concerns, please contact me.

Kim Coons, Zoo Camp Director  
Rosamond Gifford Zoo  
(315) 435-8511 x357

[kcoons@rosamondgiffordzoo.org](mailto:kcoons@rosamondgiffordzoo.org)



**Parking, Pick Up and Drop Off Procedures for Zoo Camp 2017**

The Rosamond Gifford Zoo places top priority on the safety of your child. To this end, we utilize some procedures for dropping off and picking up your child for camp. Please call the Education Department at 435-8511 ext. 357 if you have any questions or concerns.

**If your child is riding the Parks and Recreation bus to and from camp, you do not need to fill out this form.**

**Parking:** If you are visiting the zoo while your child is at camp, please park in the parking lot. If you are not visiting the zoo, you may temporarily park in front of the zoo while you drop off or pick up your child. You may not park in front of the zoo for any other reason (i.e. visiting the gift shop, etc.).

**Drop Off:** Children will be meeting their instructors in front of the main entrance to the zoo. Instructors will be wearing bright shirts with "ZOO STAFF" written on the back. Instructors will be outside to greet your child **10 minutes** before camp starts each day. Please make sure your child has been checked in with a zoo staff member before leaving your child. Camp begins promptly at 10 a.m.  
**Daily drop off time: 9:50-10:05 a.m.**

**Pick Up:** Pick-up will take place in the classrooms located across from the Jungle Café. For your child's safety, those responsible for picking up your child are required to sign them out each day. **This includes parents.** Please complete and sign the form below which must be submitted with the medical form and consent/waiver form 2 weeks prior to the beginning of camp. Your full name and the full names of those allowed to pick up your child should be included. If a person is not on your list for pick up, they will not be allowed to take your child. You will be notified immediately if this occurs. **Our staff will be checking your driver's license at pick up times so please have it readily available.**

If the forms need to be changed, please call the Camp Director at the number above. Please be prompt when picking up your child.  
**Daily pick up time: 3 p.m.**

**Our Zoo Camp staff works very hard to ensure that your child has fun at Zoo Camp and must feel confident that they can meet their own evening commitments at the end of each day. For this reason, we must ask that you pick up your child at the designated time. A \$10.00 late pick up fee per child shall be imposed for every 10 minutes beyond the daily pick up times stated above (i.e., 1-10 minutes late, \$10.00; 11-20 minutes late, \$20.00, etc.). The late fee must be paid before your child is granted admission to Zoo Camp the following day.**

Camper's Full Name: \_\_\_\_\_

**I have read and understand the enclosed 'Animal Camp 2017 Information Sheet' and drop-off/pick-up procedures, including parking and late fee information.**

Parent or guardian signature \_\_\_\_\_

Please list every individual that is allowed to pick up your child (**including yourself**). All drivers must have their license with them to pick up a child.

**Full names of those authorized to pick up your child (use the back of this sheet as needed):**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_



# Zoo Camp Emergency/Medical Information Form

SDPR Animal Camp 6/26-6/30/17

This form **MUST** be received by The Friends of the Rosamond Gifford Zoo at Burnet Park, Inc. ("Friends") no later than two (2) weeks prior to your child's first day of camp. Campers without a current medical form on record will not be admitted to Zoo Camp. In accordance with New York State Department of Health regulation 10 NYCRR 7-2.8(c)(1), the zoo must have a copy of a current confidential medical history, including the child's immunization record, as well as an emergency contact.

**CAMPER'S NAME** \_\_\_\_\_ **Camper's Age During Camp** \_\_\_\_\_  
**Birth date** \_\_\_\_\_ **Male** **Female**  
**Parent/Guardian Name** \_\_\_\_\_ **Phone (Home)** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Phone (Cell)** \_\_\_\_\_

### HEALTH HISTORY (Check, giving approximate dates or current status):

Allergies/Conditions:

**Foods** \_\_\_\_\_

Other Allergies \_\_\_\_\_

Hay Fever _____	Asthma _____	Heart Murmur _____
Other Drugs _____	Diabetes _____	Epilepsy _____
Insect Stings _____	Chronic Illness _____	Fainting _____
Penicillin _____		

ADD/ADHD/Specify Other \_\_\_\_\_

Operations/Serious Injuries \_\_\_\_\_

List details of above and any physical condition, special needs or activity restrictions the staff should know about:

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**IMMUNIZATION HISTORY** - In order for campers to attend Zoo Camp, the parent/guardian must list specific dates for each of the following immunizations. Failure to list specific dates is grounds for non-acceptance of the camper registration. This requirement is necessary to comply with New York State Department of Health regulation 10 NYCRR 7-2.8(c).

**A photocopy of your child's immunization record may be attached or faxed to the Friends directly from the doctor's office to 435-8517. Please make sure the camper's name and session letter of the camp they are attending are on the cover letter, attention 'Zoo Camp.'**

DPT Series _____ booster _____	Tetanus booster _____
Polio OPV (Sabin) _____ booster _____	Hepatitis B _____
Measles Vaccine (Live) _____	Mumps Vaccine (Live) _____
German Measles (Rubella) _____	Varicella (chicken pox) _____
Haemophilus influenza type B _____	

Child's Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your child covered under any medical insurance policy? If so, please specify:

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**Please fill out and sign emergency contact and release information on the back of this form.**

**EMERGENCY CONTACT - In the event the parent/guardian cannot be reached:**

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_  
Address \_\_\_\_\_ Phone (C) \_\_\_\_\_  
\_\_\_\_\_ Relationship \_\_\_\_\_

**PARENTAL AUTHORIZATION:**

*This health history is correct to the best of my knowledge, and the person herein described has permission to participate in all prescribed camp and related activities, except as indicated in writing by me or an examining physician. In an emergency, when the undersigned or emergency contact person cannot be contacted or it is impossible or impractical given the circumstances to contact such individuals, I hereby authorize the Camp Director or other Friends of the Rosamond Gifford Zoo at Burnet Park, Inc. staff to take any action deemed necessary under the circumstances for the best interest of my child. I also give consent to doctors/hospitals or other health care practitioners to administer proper medical assistance should the need arise.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Self-Medication Guidelines (only fill out if your child will be taking medication at camp):**

Employees of Friends are prohibited from administering any medication to any person at any time, including participants in our education programs, with the exception of Epi-pens in an emergency. Participants may, however, self-administer medication including asthma inhalers with parent/guardian permission **and** doctor's written order. Per New York State Health Department regulations, the following written order completed in full from your child's physician/prescriber is required for self-administration of any medication, including Epi-pens (self-administered or administered by trained Friends staff) and over the counter medications. Pharmacy labels are **not** a substitute for written orders. Please make sure your child knows the correct dosage and how to use or apply the medication, as Friends employees are prohibited from removing medication from its container.

Note: For your child's safety, certain zoo staff are trained in first aid, CPR/AED and Anaphylaxis and Epinephrine Auto-Injector, and will be present during each program.

**Allergies/conditions that require medication:**

**If applicable, please have your child's physician/prescriber fill out the following:**

Name of patient: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name of medication: \_\_\_\_\_

Dosage and route: \_\_\_\_\_

Frequency and times taken: \_\_\_\_\_

Prescriber's name and title: \_\_\_\_\_

Prescriber's phone number: \_\_\_\_\_

Prescriber's signature: \_\_\_\_\_

**PARENTAL AUTHORIZATION:**

*I hereby authorize the following child to self administer the medication listed above which has been approved and prescribed by my child's physician. I understand that employees of The Friends of the Rosamond Gifford Zoo at Burnet Park, Inc. cannot assist my child in any way during self administration, including removing medication from its container (with the exception of administration of Epi-pens by trained staff). In an emergency, when the undersigned or other named person cannot be contacted, I hereby authorize Friends of the Rosamond Gifford Zoo at Burnet Park, Inc. staff to take any action deemed necessary for the best interest of my child.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date