



HEALTH HISTORY FOR CHILDREN AND YOUTH ATTENDING SCHOOL AGE PROGRAMS

As required by K.A.R. 28-4-590(d) (1), each operator shall obtain a health history for each child or youth, on a form supplied by the department or approved by the secretary. Each health history is to be maintained in the child's or youth's file on the premises. As required by K.A.R. 28-4-590(d)(2), each operator shall require that each child or youth attending the program has current immunizations as specified in K.A.R. 28-1-20 or has an exemption for religious or medical reasons.

Complete one form for each child or youth attending the School Age Program.

First and Last Name of the Child or Youth	Gender (M or F)	Date of Birth (MM/DD/YYYY)	First day at this program: (MM/DD/YYYY)
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First and Last Name of the Child's or Youth's Mother or Guardian

Mother/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
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Mother/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
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First and Last Name of the Child's or Youth's Father or Guardian

Father/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
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Father/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
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Names and ages of other children in the Child or Youth's Family (Attach additional page if needed.)

Person(s) authorized to pick up the Child or Youth in case of emergency. Include first and last name and Street Address. Attach additional page if needed.	City	Zip Code	Phone Number (during program hours):
1.			
2.			
3.			

First and Last Name of Physician & Street Address	City	Zip Code	Phone Number ()
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Name of Hospital Preference in case of emergency.

Yes	No	N/A	Complete the following information about medications for this child or youth.
			Will this child or youth need to take any nonprescription or prescription medication during their time at the program?
			If yes above, is there signed permission on file?

Circle any of the following conditions or difficulties that affect this child or youth.

Allergies	Frequent sore throats/ colds	Ear Infections or Aches	Heart or Lung Conditions
Skin Problems	Asthma	Headaches	Diabetes
Vision	Speech/Communication	Hearing	Emotion/Behavior

Other: Please describe.

If you circled any of the above conditions, please provide additional information that will help the staff members meet the child's or youth's needs while attending the program. (Attach additional page, if needed.)

Provide additional information about your child or youth that might affect him/her while at the School Age Program including any special needs, restrictions to activities, major changes at home or special instructions. (Attach additional page, if needed.)

Complete the following information about this child's or youth's immunization status.

Yes	No	
		Did this child or youth attend a public or accredited non-public school in Kansas, Missouri or Oklahoma the previous year?
		If yes, are this child's or youth's immunizations current?
X	X	If yes to both of these questions, you do NOT need to complete the immunization history below. If no to either of the above questions, you must complete the immunization history below for this child or youth or attach a copy of the child's or youth's immunization history.

Please give dates in the space below for ALL immunization series completed by this child or youth. Record MM/DD/YYYY.

		1	2	3	4	5
	DPT, DT*, TD (*DT only if child is allergic to DTP)	//	//	//	//	//
	POLIO	//	//	//	//	
	MMR	//	//			
Single Dose Only	RUBEOLA (MEASLES)	//	//			
	MUMPS	//	//			
	RUBELLA (GERMAN MEASLES)	//	//			
	HIB (Hemophilus Infl. B) *RECOMMENDED	//	//	//	//	
	HBV (Hepatitis B Vaccine) *RECOMMENDED	//	//	//		
	VAR (Varicella-Chicken Pox) *RECOMMENDED	//				

Print the First and Last Name of the Person Completing this Health History form	Relationship to the Child/Youth	Date Completed

If the Health History form was completed by a person other than a Parent/Guardian, who provided you with this information?	What is that person's relationship to the child/youth?

I attest, under penalty of perjury, that to the best of my knowledge, the information provided on this form is true and correct.

Signature of person completing this form	Date Signed



Authorization for Emergency Medical Care

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license Sunset Zoological Park	License # 0062138
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I authorize Program Assistants, Other Education Staff, and Administrators (caregiver/staff) who is/are representative(s) of the above-named facility to give consent for any and all necessary emergency medical care for my child or youth [redacted] (child's first and last name) while child or youth is in the facility's custody between [redacted] and [redacted] until termination.
MM/DD/YYYY MM/DD/YYYY

List any known allergies or other information about the medical conditions of this child or youth pertinent in case of emergency:

Signature of Parent or Guardian	Date Signed
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The Medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth is off premises from the facility.

Permission Form for Children to go Off-Premises

Name of the Facility (exactly as stated on the license) Sunset Zoological Park			License # 0062138		
Street Address of the Facility 2331 Oak St		City Manhattan	Zip Code 66502	County Riley	

_____ may go to the following locations off the premises with adult supervision:

First and Last Name of Child or Youth

Place Sunset Zoo Grounds	Street Address 2333 Oak St.	City Manhattan	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Sunset Zoo Field	Street Address Oak St.	City Manhattan	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Linear Trail	Street Address Oak St.	City Manhattan	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Sunset Park	Street Address Oak St.	City Manhattan	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Wild Wonders Room	Street Address 2331 Oak St.	City Manhattan	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Release & Assumption of Risk Form

In consideration of my child's participation in a Sunset Zoo summer camp and/or Adventure Camp program, I _____ (parent/guardian name) agree to release, discharge, indemnify, defend, hold harmless and covenant not to sue, on behalf of myself and my minor child, _____ (child's name), and our heirs, legal representatives, assigns, executors and administrators, the Sunset Zoo and/or the City of Manhattan, Kansas (collectively, "City"), including the City's officers, agents, and employees, from and against any and all liabilities, claims, penalties, losses or expenses (including attorneys' fees), of any kind or nature whatsoever, related to bodily injury, property damage or other form of injury or loss to myself or my minor child, caused by any act or omission of the City or its officers, agents or employees, or another participant in a Sunset Zoo summer camp and/or Adventure Camp program, or otherwise related to my child's participation in a Sunset Zoo summer camp and/or Adventure Camp program.

I understand and agree that animals are kept on Sunset Zoo grounds and may visit Sunset Zoo summer camp and Adventure Camp programs. I acknowledge and accept the risks, for myself and my minor child, and our heirs, legal representatives, assigns, executors and administrators, that are created by the presence of these animals, as well as the risk created by all other activities of a Sunset Zoo summer camp and Adventure Camp program.

I have carefully read this form, and I understand that it is a full release of all liability, and assumption of risk, and I sign it willingly in order for my minor child to participate in a Sunset Zoo summer camp and/or Adventure Camp program.

Parent/Legal Guardian Signature

Date



Artwork Release

I, _____ (parent/legal guardian name), on behalf of my child, _____ (child's name), who is under 18 years of age, grant Sunset Zoo and the City of Manhattan, Kansas, (collectively "the City"), permission to allow City officers, agents and employees to use any and all pictures, writings, drawings, sculptures, digital graphic images and any other item or method of expression created by my child while he or she is participating in education programs at Sunset Zoo (hereinafter referred to as "Artwork").

I agree that the City may, now and in perpetuity, use and/or exhibit such Artwork for City purposes, including but not limited to promotion, education, publicity, website and social media, development, fundraising, publication and presentation, in all media formats.

I acknowledge that the City is not responsible for the content of the Artwork and is not liable for the infringement of any intellectual property rights, including protected copyrights, which may be committed by the Artwork. While the City may choose to retain the Artwork following the conclusion of the educational activities on any given day, I grant the City permission to dispose of and/or destroy the Artwork produced during any education programs at Sunset Zoo at the conclusion of the day during which said Artwork is produced. I understand and acknowledge that neither I nor my child has any expectation of privacy concerning any Artwork and I know that other individuals who may or may not be associated with the City will have access to the Artwork from time to time. I understand that some Artwork is created with, and contained on computers owned by the City, and while the City is under no obligation to make the Artwork available to be taken home by my child or retained or accessed electronically, the City may, at its sole discretion from time to time, make the Artwork available for my child to take home or retain or access electronically.

I agree that the terms of this permission and release form are binding on my minor child and me, and the heirs, legal representatives, assigns, executors and administrators of my minor child and me.

Parent/Legal Guardian Signature

Date



Photo Release Form

I, _____ (parent/legal guardian name), grant the Sunset Zoo and the City of Manhattan, Kansas, (collectively "the City"), the permission to allow City officers, agents or employees, to photograph, film or record my child, _____ (child's name), who is under 18 years of age, while he or she is participating in education programs at Sunset Zoo.

I agree that the City may, now and in perpetuity, use such photographs, videos, films or recordings for standard City purposes, including but not limited to promotion, education, publicity, website and social media, development, fundraising, publication and presentation, in all media formats.

I agree that all such photographs, videos, films or recordings, when made by the City, are the City's property, and the City solely owns the copyrights or interests thereto. I waive any right to inspect or approve the photographs, videos, films or recordings. My permission is irrevocable and royalty-free.

I release, discharge, hold harmless and covenant not to sue the City, including its officers, agents, or employees, from any and all liabilities, claims, injuries, damage or demands arising out of, or in connection with, the City's use of my child's image, likeness, voice and appearance as described herein.

I agree that the terms of this permission and release form are binding on my minor child and me, and the heirs, legal representatives, assigns, executors and administrators of my minor child and me.

Parent/Legal Guardian Signature

Date



CAMP HANDBOOK ACKNOWLEDGEMENT AND AGREEMENT

All guardians will be required to acknowledge that they've read and understood the information in the camp handbook provided at <https://www.sunsetzoo.com/122/Permission-Forms>.

My campers and I understand and agree to the following policies:

- Camp Components
- Camp Checklist
- Drop Off and Pick Up Procedures
- Behavioral Expectations
- Health and Safety
- Cancellations and Refunds
- Confidentiality Policy

We understand that failure to comply with the above policies may result in camper expulsion from the Safari Camp program without a refund.

Guardian Acknowledgement

Printed Name: _____

Signature: _____ Date: _____