

**Rosamond Gifford Zoo Job Shadow
Parent / Guardian Permission Form**

FOR STUDENTS, UNDER 17 YEARS OF AGE, PARTICIPATION IN THE ROSAMOND GIFFORD ZOO JOB SHADOW PROGRAM.

_____ has my permission to participate with
the Rosamond Gifford Zoo Job Shadow Program on _____.
(Date)

I know of no health or fitness restrictions that preclude his or her participation. In the event of illness or injury occurring to my child while involved in this activity, I consent to x-ray examination, anesthesia, medical or surgical diagnostics procedures or treatment that is considered necessary in the best judgment if the attending physician and performed under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Signature _____ Date _____

Phone numbers where I can be reached during the time of this activity:

(____) _____ (____) _____