

Zoo Tour Participation Permission Form

Participant Information

Participant Name

Age

School / Group Name

Teacher / Group Leader Name

Parent/Guardian Information

Parent / Guardian Name

Contact Phone

Contact Email

Medical Information

Allergies / Medical Conditions (if any)

Emergency Contact Name

Emergency Contact Phone

Permission Agreement

I grant permission for my child/ward to participate in the Zoo Tour. I acknowledge and accept any risks associated with this activity and confirm that all information provided above is accurate.

Parent/Guardian Signature

Date