



Chicago Zoological Society
Inspiring Conservation Leadership

Group Overnight Emergency Contact Form

The group leader should keep a copy of each child's emergency contact form for his or her records.

Date of Overnight _____

Group Name _____

Child's Name _____

Age _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

E-Mail _____

Phone Number () _____

Medical or Special Considerations

Parent/Guardian Name _____

Parent/Guardian Phone Number () _____

Will this child's parent/guardian be attending the overnight? Yes _____ No _____

Emergency Contact (Someone Not Attending the Overnight)

Name _____

Relationship _____

Phone Number () _____

Parent/Guardian Signature _____

