



NC Zoo & Zoo Society Senior Veterinary Science Camp

2024

Health Form



**Campers work with
Zoo veterinarians and
live animals to explore
different aspects of
veterinary medicine.**

RIISING 10TH GRADE THROUGH COLLEGE FRESHMEN

All four pages of this form must be completed by the camper's parent/guardian and submitted to the N.C. Zoo Society; 4403 Zoo Parkway; Asheboro, NC 27205.

The following are required to complete the application:

- A completed Health Form and \$150 deposit.*
- An online Application Form and a \$5 or \$7.50 if you are applying for two camps.
- A current school transcript or last report card.)

Child's Name (first, middle and last)

Date of Birth

Gender

Parent/Guardian Name

Address

City/State/Zip Code

Home Phone Number

Email address

Parent's Cell Phone Number

*** Deposits are not cashed or charged unless the camper is accepted.**

North Carolina Zoo
North Carolina Zoo Society

4403 Zoo Parkway
Asheboro, NC 27205

Engaging young people in the wonders of
science and discovery.



Deposits are due on the day a camper is accepted. You may include a check with this form to pay your deposit or you may charge the deposit to a credit card. If you wish to pay the deposit and the processing fee by check, write two checks, one for each item. If you prefer to charge any or all of the fees, please check the item or items that you want to charge:

\$5 or \$7.50 processing fee
 Deposit (\$50/camp) Tuition

Payment options: Tuition fees must be fully paid by 2-weeks before camp starts. Your deposit will be charged on the day your camper is accepted into the program.

Do you want us to: a) _____ **charge the remaining tuition one month after your camper is accepted** or b) _____ **charge the remaining tuition in equal payments? If you pay in installments, we will charge payments on the first day of each month. Tell us how many months to spread out your payments.** _____

Charge to: Visa MasterCard Discover American Express

Card Number _____ Card Expiration Date _____ Security Code _____

Signature _____ (No charge is made unless camper is accepted.)

Emergency Contact Information

In an emergency, if we cannot reach the custodial parent(s)/guardian(s), give us the names and contact information of other people we should call:

 Contact's Name Relationship to Camper Home Phone Cell Phone

 Contact's Name Relationship to Camper Home Phone Cell Phone

 Contact's Name Relationship to Camper Home Phone Cell Phone

Authorization of Health Care Required for a Child to Attend Camp

I confirm that this health history is correct and that the camper described above has permission to participate in all camp activities as noted by me and/or an examining physician. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I give permission to the licensed healthcare practitioner selected by the NC Zoo to obtain a copy of my child's health record from the providers who treat my child. I understand that information about my child's health will be shared on a "need to know" basis with other staff responsible for my child's care.

Date: _____ Custodial Parent/Guardian Signature: _____

Please Print Name: _____ Relationship _____

Camper Medical Information

If camper has allergies, list them, **especially allergies to latex, peanuts, nuts, insect stings or to cats, dogs or other animals:** _____

Describe the expected severity of an allergic reaction and how it should be managed:

Do we need to know anything else to ensure your child’s well-being?

Does the child take any medicines? If so, list all **prescription** medications. Bring enough medication to last through camp. Prescription medications **MUST** be stored in correctly labeled pharmacy containers. (Additional medications should be listed on the back of this form.) If the child is not on medication, check here _____.

Name of medication	Reason for taking	Dose Taken	Times of day

Physician Information

Name of camper’s physician Phone Hospital Name & City

Name of camper’s dentist/orthodontist Phone Hospital Name & City

Health Insurance Information

Parents/guardians are responsible for health care given by an out-of-service provider.

Name of person insuring camper Relationship to camper

Insurance Company Name Policy or Group Number Id. Number

Address for Claims _____

Signature of Parent/Guardian _____ Date: _____

This camp is suitable for rising 10th Graders - College Freshmen.

Eligibility

In addition to submitting this completed Health Form, applicants must submit the following to be considered for camp:

- ✓ Current transcript/report card verifying a B or higher grade point average;
- ✓ A Completed Application Form (Found online at nczoo.com);
- ✓ A processing fee of \$5 for one camp application or, \$7.50 for two,
- ✓ \$150 deposit (paid by check or credit/debit card) for each camp you are applying to attend. Deposits are not cashed or charged until a camper is accepted.



The dates for 2024's Senior Camps are as followings:

Saturday & Sunday, August 10 and 11

Saturday & Sunday, September 14 and 15:

Tuition costs*: Society Member, \$590 Non Member, \$670

We provide a \$25 discount to campers who complete the application process and pay their tuition in full by February 1.

Parents and guardians can arrange with the Zoo Society to make tuition payments in installments. Tuition costs must be paid in full at least two weeks before camp begins.

Processing fees may be paid by check, charged to a credit card, or submitted online. This fee must be paid before an application is considered and should not be included in a check written to cover the deposit. We do not cash deposit checks until a camper is accepted into the program.

** Nearly all of the camp tuition cost may be tax-deductible as a gift to the NC Zoo Society, the private non-profit that raises money for the NC Zoo. Payments may be made in installments. Non-Society members receive a Zoo membership with their tuition payment. Donations support the Zoo's veterinary needs.*



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