



**Humane Society of Southern Arizona**

**Education Department**

**Child Participant Information**

(Please return to the Humane Society prior to the date of your child's program!)

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent(s) / Guardian(s): \_\_\_\_\_ Email: \_\_\_\_\_

Parents' Phone (Home): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Additional parent contact numbers: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**In case of emergency, please notify (persons other than parents / guardians):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list those persons responsible for picking up the participant including parents / guardians. (For security reasons, no child will be released to any person not listed on this sheet):**

\_\_\_\_\_  
\_\_\_\_\_

Please list any persons who **MAY NOT** have contact with this child: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Humane Society of Southern Arizona / Education Department**  
**3450 North Kelvin Boulevard Tucson, Arizona 85716**  
**(520) 321-3704, Ext. 142 or 171 Fax: (520) 382-2994**  
**Internet: [www.hssaz.org](http://www.hssaz.org)**



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## **Education Department**

### **Child Participant Medical Information**

Child's Name: \_\_\_\_\_

Does your child have any existing medical conditions that we should be informed of? **YES / NO**

If you circled YES, please explain: \_\_\_\_\_

Is your child on any medication that causes side-effects our staff should know about? **YES / NO**

If you circled YES, please explain: \_\_\_\_\_

Does your child have any allergies to food, animals or other substances? **YES / NO**

If you circled YES, please explain: \_\_\_\_\_

**If approved initial under each and add child's name where appropriate.**

**Photo Release:** \_\_\_\_ I hereby authorize the Humane Society of Southern Arizona, Inc., to use my photographic image for the purpose of education, training, publicity and/or public information in the interest of providing better and safer homes for animals in my community. I understand that these images may be used in the public forum on a local, statewide or national basis. I understand that these images may be used in a variety of mediums, including but not limited to printed materials, internet websites, slide presentations, videos and related media.

**Liability:** \_\_\_\_ Liability and Assumption of Risk: Humane Society of Southern Arizona programs are a public service and we are unable to accept liability in the case of an accident. It is necessary to have your consent and agreement prior to program participation, that the sponsoring organization and personnel will not be held liable in case of accident or illness. I hereby give my permission for myself and/or my child, \_\_\_\_\_ (print child's name), to participate in all HSSA program activities. The HSSA, HSSA employees, and HSSA volunteers will not be held responsible in case of accident, mishap, or illness. Should an emergency arise, I give my permission for HSSA staff to render basic first aid and/or contact appropriate emergency services.

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