

LITTLE ZOO KEEPER - Health & Safety Checklist

Please read and complete the points below and sign, thank you. Please hand this to the Keeper you are shadowing on the day. Failure to complete this form may result in cancellation.

- All participants must comply with the age requirement: 8 - 13 years only
- Existing cuts and abrasions on exposed skin must be covered with waterproof dressings and you must wear the disposable gloves provided when instructed.
- Smoking, eating or drinking is only allowed in designated areas.
- Do not eat any of the food intended for the animals.
- Hands should be washed at every opportunity, especially before eating, drinking and before leaving the site.
- During your visit you should avoid putting your face close to the animals and never place your fingers in your mouth during the visit.
- You should remain in close contact with the Zoo Keeper you are working with at all times and never wander off.
- You must never enter an animal enclosure without specific instruction from the Zoo Keeper.
- You must not touch, stroke or pet an animal unless told that it is acceptable to do so by the Zoo Keeper.
- No jewellery other than ear studs is permitted. Long hair should be tied back.
- Any accident or injury must be reported to the Zoo Keeper immediately so that appropriate action can be taken and first aid provided.
- In the event of an emergency you should follow the instructions of a Keeper, if you become separated go to the nearest building and report to a staff member.
- During lunch when you are apart from the Zoo Keeper you must be accompanied by a responsible Adult at all times and arrange to meet up again in a public area of the site at a set time. You must not re-enter the off-show areas of the Zoo unaccompanied by a Keeper.
- No animals, other than assistance dogs, are allowed to be brought onto the site.
- Photos will be taken of your Experience, and may be used in the future for Press & Publicity purposes. If you would prefer us not to use the photos taken, then please inform us in writing.

Date of last tetanus immunization? -----

Do you have any allergies? -----

Do you suffer from any medical conditions we should be aware of? If so, please give full details (all information is treated in strict confidence)

Contact name and telephone number in case of emergency on the day

AN ADULT MUST REMAIN ON SITE AT ALL TIMES DURING THE EXPERIENCE

Name:-----Tel No: -----

I have read & understood the health & safety checklist and agree to abide by these rules and conditions.

Signed Date:(Parent or Guardian)