



2012 EMERGENCY CONTACT FORM

1620 Newfield Avenue • Stamford, CT. 06905 • 203.322.6941 x 106

Website: www.italiancenter.org Email: daycamp@italiancenter.org

Each camper must have their own emergency form at the time of registration and all information must be completed in order to be processed

Camper Name _____	Current Grade _____ Sex _____
Home Address _____	Home Phone _____
Mother/Guardian's Name _____	Cell Phone _____
Place of Business _____	
Name of Employer	Address
Phone Number	
Father/Guardian's Name _____	Cell Phone _____
Place of Business _____	
Name of Employer	Address
Phone Number	

In the case of emergency or due to illness, if a parent/guardian is unavailable or unreachable, please list 2 local emergency contacts, other than the parents. These contacts are authorized to remove this camper from the camp premises.

Name _____		Relationship to camper _____	
Home Phone _____	Cell Phone _____	Work Phone _____	
Home Address _____			
Address		City	State

Name _____		Relationship to camper _____	
Home Phone _____	Cell Phone _____	Work Phone _____	
Home Address _____			
Address		City	State

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

I hereby give permission to the Italian Center Day Camp as follows:

- To administer first aid and medication as prescribed, to the above name camper. In the event that further treatment is necessary, every effort will be made to contact the parent/guardian, or emergency contacts. If necessary, we will attempt to contact the camper's physician or dentist. If the Camp is unable to contact any of the above, the Camp has permission to act on the advice of the Camp physician. In the case of a medical emergency, I hereby grant permission for my camper to be transported by ambulance to an appropriate medical facility, if necessary.
- I understand that the Italian Center does not provide accident or health insurance. I understand that that any expenses that are incurred for further medical treatment will be the responsibility of the parent/guardian.

Signature of Parent/Guardian

Date