



ITALIAN CENTER
OF STAMFORD INC.

KIDDIE CAMP

2010 EMERGENCY CONTACT FORM

1620 Newfield Avenue • Stamford, CT. 06905 • 203.322.6941 x 115
Website: www.italiancenter.org Email: cturcio@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 Kiddie 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.
- 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