



2018 Day Camp Emergency Contact Form

Each camper must have their own emergency contact form on file at the time of registration.
All information must be completed in order to be processed.

Camper Name _____	2017/2018 Grade _____	Age _____
Home Address _____	Home Phone _____	
Mother/Guardian Name _____	Cell Phone _____	
Place of Business _____	Email _____	
Employer _____	Address _____	
Father/Guardian Name _____	Cell Phone _____	
Place of Business _____	Email _____	
Employer _____	Address _____	
In the case of emergency or illness, if a parent/guardian is unavailable or unreachable, <u>please list 2 local emergency contacts, other than the parents/guardians.</u> These contacts are authorized to pick up 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 _____
Camper's Physician _____	Phone Number _____	
Camper's Dentist _____	Phone Number _____	

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

- To administer first aid and medication as prescribed, to the above named 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 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 any expenses that are incurred for further medical treatment will be the responsibility of the parent/guardian.

Signature of Parent/Guardian

Date