

Casa Italiana of Nazareth College
Italian Language and Culture Day Camp for Children
4245 East Avenue
Rochester, NY 14618

EMERGENCY INFORMATION FORM

This form MUST be returned to Casa Italiana BEFORE the start of camp.

Child's Name _____ Date of Birth _____

Grade entering next fall _____

Number of years
attending camp _____

Guardian name and relationship to child _____

Home Address _____ Phone _____

Business Name _____ Cell _____

Business Address _____ Phone _____

Second guardian name and relationship to child _____

Home Address _____ Phone _____

Business Name _____ Cell _____

Business Address _____ Phone _____

Emergency Person (Person to be contacted in emergency if parent cannot be reached – must be a local person)

Name _____

Home Address _____ Phone _____

Business Name _____ Cell _____

Business Address _____ Phone _____

(OVER)

Please list the name(s) of children that you would like your child to be grouped with:

Does your child have any **allergies** or other medical problems?

Is there anything that you would like us to know about your child?

It is our policy to release a child to either his/her mother or father or legal guardian. If you wish to give permission for release of your child to any other person(s), please list names below. This list should include the person designated as your emergency back –up.

Designated Pick-Up Persons(s):

1.

2.

3.

I agree that in case of accident or injury, emergency medical care may be given in the event that I or person(s) designated above cannot be reached.

Signature of Parent/Legal Guardian

Date

* Please mail this form back to Casa Italiana*