

ST. GEORGE GREEK SCHOOL – EMERGENCY FORM

St. George Greek School 2023 – 2024 School Year

ONE FORM PER CHILD

Emergency Contact and Medical Information

_____ Child's Name		_____ Date of Birth		_____ Sex
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name		
_____ Home Phone	_____ Work Phone	_____ Cell Phone #1	_____ Cell Phone#2	
_____ Address		_____ E-Mail #1		
_____ City, ST ZIP Code		_____ E-Mail #2		

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact		
_____ Home / Cell Phone	_____ Work Phone	_____ Home/cell Phone	_____ Work Phone	
_____ Address		_____ Address		
_____ City, ST ZIP Code		_____ City, ST ZIP Code		

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact		
_____ Home / Cell Phone	_____ Work Phone	_____ Home/cell Phone	_____ Work Phone	
_____ Address		_____ Address		
_____ City, ST ZIP Code		_____ City, ST ZIP Code		

Medical Information

_____ Hospital/Clinic Preference	
_____ Physician's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number
_____ Allergies/Special Health Considerations	

IN CASE OF EMERGENCY, PERMISSION IS GRANTED for my child to be treated by a doctor or hospital. Permission is also granted for my child to participate in walking excursions or field trips, to use play equipment and to be included in pictures taken for the purpose of school publicity. I affirm that the above information is correct to the best of my knowledge, and hereby release the Saint George Greek Orthodox Church, its council members, officers, principal and agents of all liability in connection with the operation and conduct of the Saint George School.

_____ Parent's/Guardian's Signature	_____ Date
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