

St George Hellenic School 2017-2018 School Year

2701 N. Sheffield Ave. Chicago ILL. 60614 PH: (773) 525-1793 Fax: (773) 525-2867

ONE 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	Home/cell Phone
Work 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