



THE GREEK ORTHODOX CHURCH OF ST. DEMETRIOS  
PYTHAGORAS GREEK SCHOOL  
ELMHURST, ILLINOIS

Student Emergency Information/ Medical Waiver Form  
School Year 2017-18

Fill out one form per family.

Last Name \_\_\_\_\_

1 <sup>st</sup> child	_____	Birthdate	_____	Grade	_____
2 <sup>nd</sup> child	_____	Birthdate	_____	Grade	_____
3 <sup>rd</sup> child	_____	Birthdate	_____	Grade	_____
4 <sup>th</sup> child	_____	Birthdate	_____	Grade	_____

1. Street Address \_\_\_\_\_  
2. City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

Name and phone number of two friends or relatives available during school hours willing to assume temporary care of your child if you cannot be reached.

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

**YES NO** Does this student have any special medical problems, take regular medication, or need an inhaler or epi pen?  
***If YES, please explain on back of form, i.e. glasses, asthma, allergies, etc.***

**YES NO** If you cannot be contacted, do you give permission to have a paramedic, doctor or hospital give emergency treatment?  
***If NO what emergency procedure should be followed? (Please use back side)***

**YES NO** I carry personal family insurance.

I give my child permission to attend the Pythagoras Greek School of The Greek Orthodox Church of St. Demetrios in Elmhurst, IL, further, I absolve The Greek Orthodox Church of St. Demetrios in Elmhurst, IL, the PGS or PSGS staff, faculty, Parish Council, School Board, of all and any damages or responsibilities in case of illness or accident. In the event that neither I, nor my spouse, or specified emergency contact can be reached in an emergency, I give permission to call a doctor or arrange emergency transportation and treatment at the nearest hospital, if such treatment seems indicated. The Pythagoras Greek School and St. Demetrios will not be held liable for any medical/emergency costs incurred should such treatment be deemed necessary.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_