



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

Student Emergency Information/ Medical
Waiver Form School Year 2018-19

Office Use:

- PGS
 PSGS
 Severe Allergy
 Epi pen

Fill out one form per family.

Last Name _____

1st child _____ Birthdate _____ Grade _____
2nd child _____ Birthdate _____ Grade _____
3rd child _____ Birthdate _____ Grade _____
4th child _____ Birthdate _____ Grade _____

Street Address _____

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 is required. The Pythagoras Greek School and St. Demetrios are not held liable for any medical/emergency costs incurred should such treatment be deemed necessary.

Parent/Guardian Signature _____ Date _____