

**INSTRUCTIONS:** At the start of each new academic year, a separate, filled, and signed copy of this form must accompany the *Registration Form* of every student (up to 18 years old) who registers in any youth program at *St. Nicholas G.O. Church, Ann Arbor* (e.g., *Greek School, Church School, HOPE, JOY, GOYA*, etc.). To minimize repetitive form-filling, this form is available as an *Acrobat (.pdf)* file that can be filled-in, edited, saved and printed using a personal computer.

- This pdf form can be downloaded from <http://greeschool.stnickaa.org>
- Use *Adobe Reader* (available for free at [www.adobe.com/reader](http://www.adobe.com/reader)) to open and complete this form.
- When finished, click on "File" > "Save As" and save the completed form on your PC under a different name (such as "2020-21\_John\_Doe.pdf").
- Click on the "Check & Print" button on the form to perform a rudimentary data check. If all is OK, the form will be printed. Do not forget to **sign the printed form!**
- Submit the signed form to each St. Nicholas youth program (a) when registering for that program each year and (b) whenever there is a change in information.

## ST. NICHOLAS GREEK ORTHODOX CHURCH YOUTH PROGRAMS PARENTAL INSTRUCTIONS IN CASE OF EMERGENCY

Academic Year (edit): \_\_\_\_\_

STUDENT:

\_\_\_\_\_

First Name                      M.I.                      Last Name                      Birthday (mm/dd/yyyy)

\_\_\_\_\_

Address    City                      State                      Zip Code

**Emergency Contacts: Please list everyone we can call in case of an emergency or school closing.**  
**Note: if a parent/guardian is not available, we will call the next person on the list until someone is contacted.**

Contact	First Name	Last Name	Relationship	Home Phone	Work Phone	Cell/Pager	E-Mail
1							
2							
3							
4							

### MEDICAL INFORMATION

This information will be shared with appropriate school staff only.

***If the designated parties are not available, I understand appropriate emergency care deemed advisable by St. Nicholas school authorities or St. Nicholas youth advisors will be sought. Any special decisions appropriate to my child have been checked.***

Doctor's Name: _____	Phone Number: _____
Dentist's Name: _____	Phone Number: _____
Hospital: _____	Phone Number: _____
Emergency Clinic: _____	Phone Number: _____

<ul style="list-style-type: none"> <li>1. No Medical Conditions Known</li> <li>2. Religious objections to physician contact.</li> <li>3. Contact lenses/Glasses</li> <li>4. Bone/joint Condition</li> <li>5. Diabetes</li> <li>6. Seizure Disorder</li> <li>7. Hypertension or High Blood Pressure</li> <li>8. Asthma</li> </ul>	<ul style="list-style-type: none"> <li>10. Heart Condition: _____</li> <li>11. Special Blood Condition: _____</li> <li>12. Other Conditions: _____</li> </ul>
<ul style="list-style-type: none"> <li>9. Life Threatening Allergies (Reaction):</li> <li>Med/Drug: _____</li> <li>Food: _____</li> <li>Insect: _____</li> </ul>	<ul style="list-style-type: none"> <li>13. Medications needed: _____</li> </ul>

Signature (Parent or Guardian)	Print Name (Parent or Guardian)	Date (mm/dd/yyyy)
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