

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 form can be downloaded as a *pdf* file ("*EmergencyCard.pdf*") from *greekschool.sharepoint.com* or *churchschool.sharepoint.com*
- Open "*EmergencyCard.pdf*" and type all applicable information directly into the form using *Adobe Reader* (available for free at *www.adobe.com/reader*).
- When finished, click on "*File*" > "*Save As*" and save the completed form on your PC under a different name (such as "*2012-13_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: _____

1. No Medical Conditions Known
2. Religious objections to physician contact.
3. Contact lenses/Glasses
4. Bone/joint Condition
5. Diabetes
6. Seizure Disorder
7. Hypertension or High Blood Pressure
8. Asthma

10. Heart Condition: _____
11. Special Blood Condition: _____
12. Other Conditions: _____

9. Life Threatening Allergies (Reaction):

Med/Drug: _____

Food: _____

Insect: _____

13. Medications needed:

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