

## Greek Language School

Annunciation Greek Orthodox Cathedral

555 North High Street

Columbus, Ohio 43215



## SCHOOL YEAR 2021-22

### EMERGENCY CONSENT FORM

Local persons to be called in case the parents/guardians cannot be reached:

NAME

PHONE NUMBER

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Does your child have allergies? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please list allergies:

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(Note: Teachers are not authorized to administer medicines or provide medical related services.)

Are there any medical conditions that the school needs to be aware of: \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain:

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If the parent/guardian cannot be reached in case of serious injury or illness, I authorize the school to take such emergency action necessary, including the transportation of the student to a hospital or medical center. As a parent/guardian, I authorize treatment by a qualified and licensed medical doctor of the above listed minor(s) in the event of a medical emergency. This authority is granted only after a reasonable effort has been made to contact me.

Print name of parent/guardian

Parent/guardian signature & date