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2	Greek Language School	5
5	Annunciation Greek Orthodox Cathedral 555 North High Street	5
	Columbus, Ohio 43215	
	SCHOOL YEAR 2021-22	
		5
5	EMERGENCY CONSENT FORM Eλληνικό Σχολείο Annunciation Cathedral	5
5	Local persons to be called in case the parents/guardians cannot Golumbus, Ohio	9
]	be reached:	扃
	NAME PHONE NUMBER	
9		9
2		5
5	Does your child have allergies? YESNO	5
5	If yes, please list allergies:	同
	(Nata Taashaya aya yatay tha yirad ta adusinistay ya disiyaa ay yyay ida ya disal yalatad aay isaa)	
	(Note: Teachers are not authorized to administer medicines or provide medical related services.)	삍
	Are there any medical conditions that the school needs to be aware of: YESNO	
2	If yes, please explain:	9
5		[5]
5		9
	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.	
2		9
2	Print name of parent/guardian Parent/guardian signature & date	9
2	For questions please send an email to greekschool@greekcathedral.com	
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