

ST. GEORGE HELLENIC SCHOOL
2701 N. Sheffield Ave.
Chicago, Il 60614
(773)525-1793

EMERGENCY CONTACT FORM

2009-2010 SCHOOL YEAR
One form per child Please print

STUDENT'S NAME _____ Date birth _____

Address _____ City _____ Zip _____

Home Phone _____ E-Mail _____

MOTHER'S NAME _____ Home Phone _____

Work Phone _____ Cell Phone _____ E-Mail _____

FATHER'S NAME _____ Home Phone _____

Work Phone _____ Cell Phone _____ E-Mail _____

PHYSICIAN'S NAME _____ Phone# _____

Address _____ City _____ Zip _____

MEDICAL INFORMATION 1. Allergies and other know conditions _____

2. Medications student takes regularly _____

EMERGENCY CONTACTS OTHER THEN PARENTS

Name _____ Phone# _____

Name _____ Phone# _____

Name _____ Phone# _____

FIELD TRIP PERMISSION: I herby give permission to my son/daughter _____
To attend field trips scheduled by the St. George Hellenic School.

Parent's signature

Print Name

Date