

HOLY TRINITY GREEK ORTHODOX PRESCHOOL

EMERGENCY FORM

If, in the case of an emergency and the parent or both parents cannot be reached by phone, we will contact the child's doctor of record. Also, this form will give us permission to contact by phone the persons you have listed who have the authority to pick-up your child in case of illness or emergency if you cannot be reached. In the case of an emergency, we will not release a child to anyone who is not named on this form.

In case of medical emergency and I cannot be reached, the teachers of HTGOP have my permission to take my child, _____ to the nearest emergency medical facility for emergency medical attention or call 911 for the appropriate instructions for help.

Parent Signature: _____ Date: _____

Child's Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

Insurance Policy: _____ Number: _____

Mother's Home Phone: _____ Work: _____

Cell: _____

Father's Home Phone: _____ Work _____

Cell _____

Persons to be notified in case of emergency if parents cannot be reached are authorized to pick up your child:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____