

KORAES AFTERNOON GREEK SCHOOL 2017-18

**ANNUAL STUDENT INFORMATION RECORD
TO BE COMPLETED FOR EACH CHILD**

(please print)

STUDENT'S NAME: _____ Best Number to reach parents: PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

GRADE: _____ SEX: _____ DATE OF BIRTH: _____

FATHER'S NAME: _____ CELL: _____

EMAIL: _____

MOTHER'S NAME: _____ CELL: _____

EMAIL: _____

NAMES & AGES OF SIBLINGS

SPECIAL MEDICAL CONDITIONS OR ALLERGIES OF CHILD

PEOPLE TO CONTACT IN CASE OF EMERGENCY OR IN CASE OF EMERGENCY TRANSPORT FROM SCHOOL. LIST IN ORDER OF PREFERENCE:

1. NAME: _____ RELATIONSHIP: _____ PHONE: _____

2. NAME: _____ RELATIONSHIP: _____ PHONE: _____

OTHER PARENTS WHO MAY TRANSPORT YOUR CHILD WITH YOUR PERMISSION

1. NAME: _____ PHONE: _____

2. NAME: _____ PHONE: _____

I understand that I must provide written authorization for people other than the above names to pick-up child from school. Without my authorization, my child will not be released in anyone's care.

Parent's signature: _____ Date: _____

Special Custody Arrangements

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

PARENT PERMISSION TO PROVIDE EMERGENCY PHYSICIAN AND HOSPITAL TREATMENT

If neither parent is reached, you have my permission to call Dr. _____ at
_____.

If parents or family physician are not reached, you have my permission to transport my child to the nearest medical facility. The undersigned agrees to assume all responsibility and expenses, including transportation.

Parent's signature _____ Date: _____

Parents, please be aware that the hospital may refuse to render care until you arrive or give verbal permission to begin care. Therefore, it is especially important that we have a phone number.