



Hellenic American Academy

Academic Achievement, Cultural Awareness and Pride, Spiritual Enrichment

Affiliated with Holy Trinity Hellenic
Orthodox Church of Chicago

2010-2011 EMERGENCY AUTHORIZATION PICK-UP & INFORMATION (CUSTODY) FORM MUST BE UPDATED ANNUALLY!

STUDENT INFORMATION

LEGAL LAST NAME: _____ FIRST NAME: _____

LEGAL CUSTODY restricted to: Both Parents Mother Farther Other _____

If custody is restricted, you must supply legal documentation.

Please provide any other information that would be helpful for school personnel: _____

Emergency Contacts -- In an emergency, your child will only be released to the following people (*as alternates, please include a relative or friend*)

Number in order of contact (1-4)

_____ MOTHER/GUARDIAN

NAME _____

HOME ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

LIVING WITH CHILD(REN) Yes No

_____ FATHER/GUARDIAN

NAME _____

HOME ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

LIVING WITH CHILD(REN) Yes No

_____ ALTERNATE CONTACT

NAME: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

_____ ALTERNATE CONTACT

NAME: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S PHONE NUMBER: _____

PHYSICIAN'S FAX NUMBER: _____

If my child becomes ill or is injured at school and needs emergency care and I cannot be reached, contact my doctor or take my child to Glenbrook Hospital. I agree to assume all responsibility and expenses incurred at this time including transportation to Glenbrook Hospital or any other hospital as designated by my doctor or the Northbrook Fire Department paramedics. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the above named student.

Parent/guardian's Signature

Date