



HELLENIC AMERICAN ACADEMY

Affiliated with Holy Trinity Hellenic Orthodox Church of Chicago

SOCRATES HELLENIC AMERICAN DAY SCHOOL

2011-2012 EMERGENCY/ALLERGY FORM

STUDENTS LEGAL NAME: _____
(Last) (First) (Middle)

FAMILY DOCTOR: _____ PHONE: _____

DENTIST: _____ PHONE: _____

If parents cannot be reached in an emergency call an ENGLISH speaking person within a 5-mile radius

NAME: _____ PHONE: _____

ADDRESS: _____ CELL: _____

NAME: _____ PHONE: _____

ADDRESS: _____ CELL: _____

ANNUAL HEALTH UPDATE

1. Does your child have any of the following conditions? Yes (*If yes, complete all below*) No

2. Please describe below including individual allergy symptoms.

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Asthma | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Bone/Joint |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Vision/Hearing | <input type="checkbox"/> ADD |
| <input type="checkbox"/> Ear infections | <input type="checkbox"/> Food (<i>specify</i>) _____ | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Emotional Issues | <input type="checkbox"/> Medications | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Condition | |

3. Does your child take medication on a daily basis? _____ Required at school? _____

Medication: _____ Prescribed for: _____

4. Does your child need an EpiPen for his/her allergies? Yes No

If yes, please fill out the EPIPEN Release form - obtained from the office

5. Any other information regarding your child you feel school personnel should know?

In case of emergency, I give the school authorities permission to call the doctor named above and/or the Deerfield Rescue Squad. I give such individuals permission to take the necessary emergency measures. I agree to assume all responsibility and expenses included at this time.

Signature of Parent/Guardian

Date

PLEASE NOTE: It is the parent's responsibility to notify the school immediately in writing if ANY information on this form changes.