



# PYTHAGORAS CHILDREN'S ACADEMY

The Greek Orthodox Church of Saint Demetrios  
893 North Church Road • Elmhurst, IL 60126 • 630.834.0477  
[www.pythagoraschildrensacademy.org](http://www.pythagoraschildrensacademy.org)

## EMERGENCY INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

List of persons to contact when the child's parents cannot be reached in the event of an emergency, willing to assume temporary care of your child

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

3. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Doctor to be called in case of emergency:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of hospital to be used in emergency (if a choice is available)

Name \_\_\_\_\_ City \_\_\_\_\_

YES NO Does this student have any special medical concerns/allergies or take regular medication?

If yes, please list \_\_\_\_\_

YES NO If you cannot be contacted, do you give permission to have a paramedic, doctor or hospital give emergency treatment? IF NO, what emergency procedure should be followed?

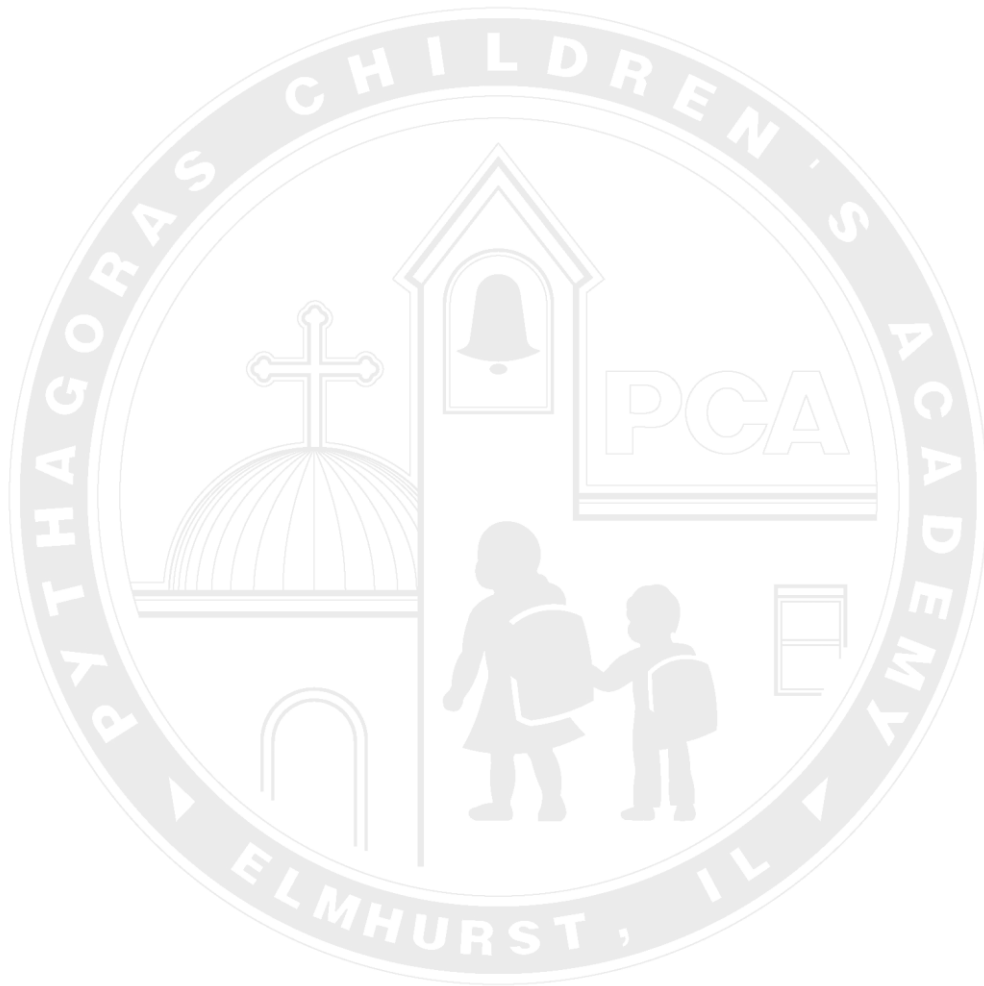
I understand that Pythagoras Children's Academy is not responsible for emergency/medical expenses incurred in case of emergency treatment.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_