

Greek Community School Student Emergency Contact & Medical Information Form

Please update the current record columns below for the 2018-19 academic year. This form will be updated annually.

STUDENT AND PARENT/GUARDIAN INFORMATION

Student Information	Current Record	Corrections
Student Legal Name		

EMERGENCY CONTACT INFORMATION (All fields must be complete)

The following information is required in case your child becomes ill or injured at school or in the event of an emergency and you cannot be reached. Please list adults who can act in your absence to assume responsibility for your child. Emergency Contacts must be in the Calgary Area.

Local Emergency Contact Information	Current Record	Corrections
Contact 1 (Name & relation to student)		
Home / Work / Cell Phone		
Home Address		
Contact 2 (Name & relation to student)		
Home / Work / Cell Phone		
Home Address		

Please read the information below and write any corrections to the right of each answer in the "Corrections" column.

ALERT INFORMATION AND CONSIDERATIONS

Medical Information	Current Record	Corrections
Medical Considerations list any medical conditions, critical health information, or current medications (use bottom of page if additional space is needed)		
Allergies		
Immunizations up to date		
Custodial Information	Current Record	Corrections
Custody Considerations If a custody order is in place, a copy is required by the school		

Note: SIGNATURE REQUIRED EVEN IF NO CHANGES NECESSARY.

By signing below, I hereby declare I have read and understood the information contained on this form and the information I have provided is correct. I will advise the school if there are any changes to this information. I confirm that I have the authority to sign this consent and will inform the child's other legal parent or guardian of the contents of this consent and the fact it has been signed.

Signature required: _____ Dated: _____

Print Name: _____