



EMERGENCY HEALTH AND PERMISSION FORM
For Short-Term Youth Events of Greek Orthodox Metropolis of Pittsburgh and Metropolis Parishes

EMERGENCY CONTACT INFORMATION

Child's Name _____ Phone (____) _____
Last First Middle

Home Address _____
Street City State Zip

Birth Date ____/____/____ Age _____ Gender _____ Social Security # _____

Custodial Parent(s)/Guardian(s) _____
(Please include first and last names of both parents /guardians if applicable.)

Phone (____) _____ Cell (____) _____ Business Phone (____) _____

If not available in an emergency, notify:

Name _____ Relationship _____ Phone _____

Name of Family Physician _____ Phone _____

Name of Family Dentist _____ Phone _____

Name of Family Orthodontist _____ Phone _____

HEALTH INFORMATION

Are there any medical or dental conditions that we should be aware of? _____

Is your child taking either prescription or over-the-counter medication on a regular basis? Yes / No

Name of medication(s) _____

Are there any over-the-counter medications which may not be given without your consent?

Does your child have allergies? (food, drug, insect, etc.) _____

INSURANCE INFORMATION (Please attach a photocopy of the participants medical insurance card.)

Carrier _____ Policy or Group # _____ ID # _____

Name of Policy Holder _____ Relationship to Participant _____

AUTHORIZATION AND CONSENT FOR TREATMENT OF A MINOR AND LIABILITY WAIVER

I/we the parents(s) or legal guardian(s) hereby authorize and give consent to any x-ray examination, or surgical diagnosis rendered under the general or special supervision of a licensed personnel on the staff or any licensed hospital. This authorization is given to provide authority and power to render care, which is deemed advisable in the best judgment of the physician. It is understood that an effort will be made to contact the undersigned prior to rendering treatment, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

In recognition of the possible dangers to my child, I hereby knowingly and voluntarily waive any right or cause of action of any kind against the members, directors, agents, employees of the Greek Orthodox Archdiocese of America, the Greek Orthodox Metropolis of Pittsburgh, its parishes and staff for any personal injury to my child occurring during any and all youth events sponsored by the Greek Orthodox Metropolis of Pittsburgh and/or its parishes, including but not limited to: overnight and day retreats, athletics, folk dancing, oratorical festivals, special events, service projects and the transportation to and from any and all said events.

I hereby understand the Greek Orthodox Archdiocese of America has limited medical insurance. Any medical expenses that my child may incur due to personal injury or illness is my financial responsibility and not that of the Greek Orthodox Archdiocese of America, the Greek Orthodox Metropolis of Pittsburgh, its parishes or the director, agents, employees, staff and members of these organizations.

Parent or Guardian Consent:

Signature of Parent or Guardian _____ Date _____