



**St. Nicholas Greek Orthodox Church
Troy, MI
Greek Folk Dance Workshop 2009
January 31, 2009
EMERGENCY HEALTH AND PERMISSION FORM**

Emergency Contact Information (please print legibly)

CHILD'S NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 HOME TELEPHONE (____) _____
 PARENT'S NAME: _____
 PARENT'S CELL PHONE NUMBER MOM (____) _____
 DAD (____) _____

If not available in an emergency, notify:

NAME _____ Relationship _____ PHONE: _____
 NAME _____ Relationship _____ PHONE: _____
 Name of Family Physician: _____ PHONE: _____
 Hospital of Choice: _____

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: _____
 Will your child be taking any medication either prescription or over the counter at the dance workshop? YES/NO If so, name of medication: _____
 Does your child have any medication or food allergies? _____

Authorization and Consent for Treatment of a Minor and Liability Waiver

I/we the parents or legal guardians hereby authorize and give consent to any x-ray examination or surgical diagnosis rendered under the general or special supervision of 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 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 and employees of the Greek Orthodox Archdiocese of America, The Greek Orthodox Metropolis of Detroit its parishes and staff for any personal injury to my child occurring during any and all your events sponsored by the St. Nicholas Greek Orthodox Church.

I hereby understand the Greek Orthodox Archdiocese of America has limited medical insurance. Any medical expenses that my child incur due to person injury or illness is my financial responsibility and not that of the Greek Orthodox Archdiocese of America, Greek Orthodox Metropolis of Detroit , St, Nicholas Greek Orthodox Church and volunteers of these organizations .

Signature of Parent/Guardian

Date