



Participant Emergency Medical Form

MANDATORY FOR EACH YOUTH PARTICIPANT (PLEASE PRINT OR TYPE). LEAD CHAPERONE MUST HAVE ON-HAND AT ALL TIMES IN CASE EMERGENCY MEDICAL TREATMENT IS NECESSARY.

Participant's Last Name	First	Middle	Date of Birth (MM-DD-YYYY)
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Name of Parent(s)/Legal Guardian(s)	Phone Number	Email Address
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Home Parish	City	State
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MEDICAL/EMERGENCY INFORMATION

Information provided is strictly for use by lead chaperone/event leader. It is mandatory and will be confidential.

Emergency Contact Information

Name	Phone Number	Relationship to Participant
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Name	Phone Number	Relationship to Participant
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Insurance Information (attached a photocopy of the front and back of your insurance card to this form).

Name of Policy Holder	Insurance Provider	Policy Number
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Please list any allergies (food, pets, etc.) - Write "NONE" if there are no allergies. Please include if there is an anaphylaxis risk.

Please list any other special medical needs - Write "NONE" if there are no special medical needs:

I, (print name) _____, verify that this child has permission to attend this youth event. This participant also has permission to attend any off-site activities in conjunction with this event. I affirm that all information provided is accurate and up to date. I understand any potential risks and agree that the Greek Orthodox Metropolis of Detroit, Detroit HDF, and St. Nicholas Church in Troy, MI will not be held responsible for any injury or accident that occurs while my child is at this event. In case of a medical emergency, I give permission for the event leaders to take my child for medical care if necessary.

Parent or Legal Guardian Signature

Date

Please direct any questions or concerns to youth@detroit.goarch.org.