



# SAINT SAVA ACADEMY

A Parochial School of Holy Resurrection Serbian Orthodox Cathedral of Chicago



5701 N. REDWOOD DRIVE, CHICAGO, IL 60631 ▪ PHONE: 773-693-3366 ▪ FAX: 773-693-7615

## EMERGENCY INFORMATION FOR SCHOOL YEAR 20\_\_/20\_\_

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

Last First

ADDRESS \_\_\_\_\_

Street

City

Zip

FATHER'S NAME \_\_\_\_\_

Last

First

Middle Initial

DAY TIME TELEPHONE \_\_\_\_\_ CELL PHONE/PDA \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

Last

First

Middle Initial

DAY TIME TELEPHONE \_\_\_\_\_ CELL PHONE/PDA \_\_\_\_\_

### ADDITIONAL EMERGENCY CONTACTS

(Relatives/Friends authorized to pick up this child in case of illness or emergency)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

### GENERAL PERMISSION

Please check each question **yes** or **no** and **initial**, then **sign** and **date** at the bottom to indicate permission for the current school year.

In case of an emergency, I give permission to call a doctor or arrange transportation and treatment at the nearest hospital if such treatment seems necessary.

yes  no initials \_\_\_\_\_

I give permission for the publication of my child's name, address and phone number in the school directory.

yes  no initials \_\_\_\_\_

I give permission for my child to be photographed, videotaped or sound recorded in educational activities, school programs or commercials all for the benefit of the school.

yes  no initials \_\_\_\_\_

I give permission for my child to take walking and bus field trips.

yes  no initials \_\_\_\_\_

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