

**SAINT NICHOLAS ORTHODOX CHRISTIAN SCHOOL**  
**A Private, Independent School Teaching in the Orthodox Tradition**  
2801 Keystone Road, Tarpon Springs, FL 34688  
727-942-0580 office/ 727-943-0857 fax

**2009 – 2010 EMERGENCY MEDICAL FORM**

I GIVE PERMISSION FOR MY CHILD TO BE TREATED AT THE NEAREST HOSPITAL IN CASE OF AN EMERGENCY IF I AM UNABLE TO BE CONTACTED AT THE PHONE NUMBER AND ADDRESS LISTED BELOW. THIS PERMISSION EXTENDS TO EMERGENCY TREATMENT INCLUDING, BUT NOT LIMITED TO, SURGERY, X-RAYS AND MEDICATIONS.

**FILL OUT A SEPARATE FORM FOR EACH CHILD IN THE FAMILY ENROLLED IN ST. NICHOLAS ORTHODOX CHRISTIAN SCHOOL**

---

|               |              |                     |
|---------------|--------------|---------------------|
| Date of Birth | Child's Name | Date of last D.P.T. |
|---------------|--------------|---------------------|

---

|             |                     |
|-------------|---------------------|
| <u>Name</u> | <u>Phone Number</u> |
|-------------|---------------------|

Emergency Contact \_\_\_\_\_

Family Physician \_\_\_\_\_

Family Dentist \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone # \_\_\_\_\_

Policy No. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of Florida, County of Pinellas

I hereby certify that on this day, before me, an officer fully authorized in the State aforesaid and in the County aforesaid to take acknowledgements, personally instrument and acknowledged before me that he executed the same for the purpose thereto expressed.

WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Florida at Large

|  |
|--|
| <p><b>Return Completed Forms To: St. Nicholas Orthodox Christian School</b><br/><b>2801 Keystone Road, Tarpon Springs, FL 34688</b><br/><b>Or Fax Forms To: (727) 943-0857</b></p> |
|--|