



Greek Orthodox Archdiocesan District Olympics 2024

May 24 - 26, 2024

Suffolk County Community College, Brentwood NY

Medical Release Form

Church _____

Program Year _____

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY FOR EACH PARTICIPANT.

Medical Assistance Form

ADVISORS MUST KEEP THIS FORM ON SITE FOR THEIR RECORDS --- DO NOT HAND IN

PRINT Participant's Name: _____

Date of Birth: _____

In the event that I cannot be reached by phone in an emergency, I hereby give my permission to my family physician, local physician, or hospital, and to the advisors of (Church Name)

_____ to administer emergency treatment to my child.

Parent Approval

Print Name

PARENT/GUARDIAN SIGNATURE

Parent Cell Phone # --- if more than one parent, list names and cell phone #'s

Additional Emergency Name and Contact #

COACHES & ADVISORS, PLEASE NOTE:

THESE FORMS ARE FOR CHURCHES, NOT FOR GOADO REGISTRATION.

THESE SHOULD BE KEPT BY THE COACHES --- DO NOT GIVE IN WITH PAPERWORK!