



# Al-Ihsan Academy School

## AIA EMERGENCY INFORMATION RECORD

Parents are responsible for updating the information, if it changes, to ensure the safety and wellbeing of the child.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
*Last, First*

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother \_\_\_\_\_  
*Full Name Company Name*

Mother's Work Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Father \_\_\_\_\_  
*Full Name Company Name*

Father's Work Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

### List 2 neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Remarks:  
Allergies:  
Other Conditions:

Local Physician's Name \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax# \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to make whatever arrangements necessary.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_