



Al-Rahmah School Emergency Form

Complete all items on this form.

Student Name: _____ Grade _____

Parent or Guardian

Mother's Name _____ Daytime Phone _____

Last First

Father's Name _____ Daytime Phone _____

Last First

Other's Name _____ Daytime Phone _____

Last First

Name of Local Relative or Child Care Provider.(Can this person sign your child from school?)__

Name _____ Relationship _____

Address _____ Daytime Phone _____

Please indicate if your child has any of the following health conditions.(Otherwise Check NONE)

Allergies Bee Sting Allergy Frequent Ear Infections

Asthma Diabetes Kidney problems

NONE

If your child is taking any medication (other than short term), please indicate the name/dosage of medication and the condition requiring it

Notes: