



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Al Husseini Madressa Emergency Contact Card

Name of Student:

First: _____ Middle Initial: _____ Last: _____

Date of Birth: _____ Age: _____

Home Address: _____ Apt #: _____

City: _____ State/Province: _____ Postal Code: _____

Home Phone: () _____ E-mail: _____

- Does your child have any special needs, (including allergies) or otherwise?
Yes No
If yes, please provide details: _____
- Is your child on any medication, or Epipen?
Yes No
- Will you also be at the Madrasah while your child is there?
Yes No

If no, please explain alternate arrangements made should your child require the needed medication: _____

NAME OF FATHER OR GUARDIAN:

First: _____ Middle Initial: _____ Last: _____

Work phone: () _____ **Cell:** () _____ **E-mail:** _____

NAME OF MOTHER OR GUARDIAN:

First: _____ Middle Initial: _____ Last: _____

Work phone: () _____ **Cell:** () _____ **E-mail:** _____

In case of emergency please contact the following (if parents or guardian cannot be reached).

Name: _____ Phone # _____

Relationship: _____

Name: _____ Phone # _____

Relationship: _____