

As-Safa Academy Emergency Card

Student's Name: _____

Home Address: _____

Mother's Name: _____

Mother's Work Phone: _____

Mother's Cell Phone: _____

Father's Name: _____

Father's Work Phone: _____

Father's Cell Phone: _____

Guardian (Fill this section if guardian is not the parent)

Guardian's Name: _____

Relationship: _____

Guardian's Phone: _____

Names of persons authorized to pick-up the student:

1. _____ **Phone:** _____

2. _____ **Phone:** _____

3. _____ **Phone:** _____

Special needs or allergies:

Can Tylenol/Motrin be dispensed as needed? Yes No

Comments:

Name of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date