Emergency Information for Medical & Dental Emergencies

FILL OUT ONE SHEET PER FAMILY

Please fill out separate sheets if your children visit different medical care facilities.

Child Name: _____ Date of Birth: _____
Child Name: _____ Date of Birth: _____
Child Name: _____ Date of Birth: _____
Child Name: _____ Date of Birth: _____

In case of an emergency I hereby authorize the program to transport my children to the nearest medical care facility and/or to_____

Physician's Name: _____Phone Number: ( )_____-_____
Dentist's Name: _____ Phone Number: ( )_____-_____
Allergies: _____
Chronic Health Conditions: _____

I give this authorization as long as my children are attending Al-Huda Academy North Raleigh.

_____ _____
Signature Date