

Greater Lansing Islamic School

Emergency Contact Form - 2017-2018

(Please complete each line)

STUDENTS NAME: _____
 Last First Middle

GRADE: _____ DOB: _____

Email Address (Must Be Provided):-----

Home Address: _____

Home Tel: _____

Father's full name: _____

Father's place of employment: _____

Work Tel: _____ Cell #: _____

Mother's full name: _____

Mother's place of employment: _____

Work Tel: _____ Cell #: _____

Family Physician and Tel: _____

Person to call in case of emergency:

No.	NAME	TEL #	RELATIONSHIP
1.			
2.			
3.			

Any allergies or medical conditions we should know about:

* IN CASE OF A REAL EMERGENCY 911 WILL BE CONTACTED FIRST THEN THE FAMILY MEMBERS WILL BE INFORMED IMMEDIATELY AFTERWARDS.

Please see other side