



ARIZONA CULTURAL ACADEMY ISLAMIC SUNDAY SCHOOL

Emergency Medical Contact Form

STUDENT INFORMATION

Full name _____ Date of birth _____

Grade/class level _____ Parent/guardian name(s) _____

Phone number(s) _____ Email address _____

EMERGENCY CONTACTS

Please list two contacts other than the parent/guardian in case of emergency.

#	Contact name	Relationship to student	Phone number
1			
2			

MEDICAL CONDITIONS AND MEDICATIONS

Does your child have any medical conditions or take any medications that the school should be aware of?

☐ Yes ☐ No

If yes, please explain:

AUTHORIZATION AND CONSENT

In the event of a medical emergency, if I cannot be reached, I authorize the staff of Arizona Cultural Academy Islamic Sunday School to secure proper medical care for my child(ren). I understand that this may involve transportation to the nearest emergency medical facility.

Parent/guardian printed name _____

Parent/guardian signature _____ Date _____