



AI Madina
Kindergarten

Emergency Contact Form

Child's Name: _____

Date of Birth _____

Father's Name: _____

Mobile Number: _____

Mothers Name: _____

Mobile Number: _____

We request two emergency contacts for our emergency contact file. Each should be a person other than yourself that your child will feel comfortable going with in case of an emergency. Please be sure that these persons are aware that you have listed them.

PLEASE DO NOT list yourself as the emergency contact.

Emergency contacts (in case we cannot reach the parent(s)). Emergency contacts must be able to drive and assume temporary care if you cannot.

First (1st) Contact Name and Number:

Emergency contact name: _____

Home telephone no. _____

Mobile no.: _____



Second (2nd) Contact Name and Number:

Emergency contact name: _____

Home telephone no. _____

Mobile no.: _____

Father's signature: _____

Date: _____

Mother's signature: _____

Date: _____

Al Madina Kindergarten is a Supreme Education Council registered and approved school

