



NAMF Islamic Academy

Elementary Division

EMERGENCY INFORMATION

TEACHER _____ GRADE _____

STUDENT'S NAME _____
First Name Middle Name Last Name

HOME TELEPHONE _____ DATE OF BIRTH ____/____/____
dd mm yyyy

HOME ADDRESS _____ / _____
No Street Apt #

MOTHER/ GUARDIAN _____ / _____
First Name Last Name Bus #

FATHER GUARDIAN _____ / _____
First Name Last Name Bus #

OTHER CONTACTS:

RELATIVE _____
Name Address Tel#

CHILD CARE/
BABYSITTER _____
Name Address Tel#

NEIGHBOUR _____
Name Address Tel#

FAMILY DOCTOR _____
Name Address Tel#

HEALTH CARD # _____

DOSE YOUR CHILD HAVE A HEALTH PROBLEM THAT WE SHOULD BE AWARE OF?

YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Personal information collected on this card is protected by Freedom of Information and Protection of Privacy Act (1989). The legal authority for the collection is the Education Act (1980) and the Municipality of Metropolitan Toronto Act (1980). The information will be retained by the school for reference in case of an emergency and for administrative purpose.