



AL FALAH BIC MADRASA STUDENT EMERGENCY CONTACT DETAIL

Child's Name(s):

Parents Name:

Address:

Post Code:

Home Telephone Number:

Mobile Number(s):

Email:

Medical conditions which we may need to know about:

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Allergies:

I give permission for pictures to be taken of my child / children to be used solely for Masjid promotional work.

Please provide details of at least one other person who we may contact in an emergency if we can't get hold of the parents:

Contact 1:

Name:

Address:

Telephone number(s):

Contact 2:

Name:

Address:

Telephone number(s):

Parent Signature:

Date: