



Tawheed Center of Detroit School
18624 West Warren Avenue Detroit, MI 48228
Tel: (313) 271-0731

Emergency Information

2017-18 School Year

CHILD NAME: _____ AGE: _____

DOB: _____ Grade: _____

PARENT NAME: _____ PARENT CELL#: _____

ADDRESS: _____ HOME PHONE#: _____

WHOM TO REACH IF PARENTS UNAVAILABLE:

NAME: _____ RELATION: _____ PHONE#: _____

NAME: _____ RELATION: _____ PHONE#: _____

NAME OF PHYSICIAN: _____ PHONE# _____

HOSPITAL: _____ PHONE# _____

ALLERGIES/MEDICAL CONDITION _____

MEDICATIONS NEEDED DURING SCHOOL HOURS _____

In the event of an accident or serious illness, and in the event, that I cannot be reached, I hereby authorize Tawheed Center School of Detroit, to pursue medical treatment for my son/daughter through contact of physician listed above and/or EMT.

PARENT SIGNATURE: _____

DATE: _____