

School of Ahlul'Bait Emergency Response Information

Name of Student _____ Grade of Student _____

Mother's Last Name _____ Mother's First Name _____

Mother's Day Time Contact # _____ Mother's Cell Phone # _____

Father's Last Name _____ Father's First Name _____

Father's Day Time Contact # _____ Father's Cell Phone # _____

Emergency Contact ***other than*** either parent:

Name _____ Phone _____ Relationship _____

Name of medical insurance company _____

Name of child's doctor(s) _____ Dentist _____

Doctor's Contact # _____ Dentist's Contact # _____

Does the child have any allergies? _____

If yes, please provide detailed information _____

List any daily medication child takes _____

Parent Signature _____

Date: _____

Liability and Responsibility:

My signature authorizes SAB in the case of an emergency to provide medical treatment by the local on call doctor for SABA. I also acknowledge and agree that Shia Association of Bay Area (SABA) and the School of Ahlul'Bait faculty cannot be held responsible in any way, nor assume any liability whatsoever, for acts of any delays, changes, modifications, negligence, non performance due to the breakdown of machinery and equipment OR due to disturbance, strike, riots or wars wherever declared or not OR due to any other cause which is beyond the control of the said parties.