

EMERGENCY CONTACT INFORMATION

Please complete the following information as thoroughly as possible. This form is **required** before your child may begin class. You may put more than one child on the same form.

Student name: _____ Birth date: _____
first name last name day month year

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first name last name day month year

Student name: _____ Birth date: _____
first name last name day month year

Parent name: _____ Parent name: _____

Relationship to student: _____ Relationship to student: _____

Office phone: _____ Office phone: _____

Home phone: _____ Home (if different): _____

Mobile: _____ Mobile: _____

Note: if student lives with guardian(s) other than father or mother, please specify relationship of guardian(s) above.

Emergency Contacts (if parents listed above are unavailable)

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____

Physician/Clinic

Name: _____ Location: _____ Phone(s): _____

Clinic Preference(s): _____ Phone(s): _____

Medical Information – please provide any changes or updates to your child’s medical information since you completed the medical history and immunization forms.

Medical updates (specify child's name, if more than one child is listed above):

Please make sure to keep this information up-to-date. If you have any changes in your contact information or emergency contact details, please notify the reception desk. If there are changes to your child’s medical history, notify the school nurse immediately at nurses@icsaddis.edu.et or 011-371-1544 ext. 246.