



Iranian American
Society of New York, Inc.
IASNewYork.org

FERDOWSI SCHOOLS

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EMERGENCY FORM

STUDENT'S NAME: _____

PARENT'S NAME: _____

HOME PHONE: _____ CELLPHONE: _____

- IF PARENTS ARE NOT AVAILABLE IN CASE OF AN EMERGENCY, PLEASE CALL. THIS IS ALSO AN AUTHORIZATION TO RELEASE MY CHILD TO THE ADULTS LISTED BELOW. PLEASE INFORM PERSONS LISTED BELOW THAT THEIR NAMES APPEAR AS EMERGENCY CONTACTS.

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

- PLEASE BE SURE TO ADD OR CORRECT INFORMATION AS NEEDED. THIS IS OUR ONLY MEANS OF COMMUNICATING WITH YOU IN AN EMERGENCY DURING SCHOOL HOURS.
- ALSO PLEASE INFORM US BELOW IF YOUR CHILD/CHILDREN HAVE ANY ALLERGIES:

PARENT'S SIGNATURE: _____ DATE: _____

NOTICE TO PARENTS

ACCOMPANYING CHILDREN TO THE BATHROOM IS OUTSIDE THE DUTIES OF THE SCHOOL PERSONNEL AND TEACHERS