



2846 Cold Spring Road
Indianapolis, IN 46222
317-923-0328

As-Salāmu `Alaykum

MEDICAL EMERGENCY RELEASE FORM

May Allah keep us all in the best of health. In the event that your child needs emergency medical attention during the Islamic school hours, we require certain information and authorization from you, which will facilitate our taking care of him or her.

- 1. 1st child name: _____
- 2. 2nd child name: _____
- 3. 3rd child name: _____
- 4. 4th child name: _____

Physician name: _____

Physician address: _____

Physician telephone number: _____

I hereby authorize Al-Ilm Weekend School to handle any medical emergency involving my child / children in the manner they deem best, including transportation to the nearest hospital, and hospitalization.

The school administration will inform parent as soon as possible if any medical emergency occurs. Contact person in case we are unable to reach you:

Name: _____

Tel: _____

Signature

_____ Parent /

Guardian Name:

Date:

Telephone number: _____

===== Administration Note

===== Year 2017/ 2018/2019 Verified by _____