

**ISGH Cypress Islamic Center - Weekend Islamic School
Medical Release Form (one form per family)**

I, _____ the parent/guardian of
1 _____
2 _____
3 _____
4 _____

give the faculty/staff and representative of the Cypress Islamic Center - Weekend Islamic School of ISGH permission to use her/his best judgment to obtain the best services for my child(ren) in case of medical emergency. I understand that any cost incurred will be my responsibility and that I will be notified in the event of illness or accident (may Allah forbid) as soon as possible. I also understand that ISGH is not responsible for any loss of my child/children's property or any bodily harm to my child(ren). This consent/waiver is effective until revoked in writing to the Principal ISGH Cypress Islamic Center - Weekend Islamic School.

Special Need Children

(Please indicate below if your child(ren) have special need. ISGH Cypress Islamic Center - Weekend Islamic School requires the class room if he/she has any learning disability or require additional help. For further clarification, please see the administrators at the time of registration.)

My child(ren) named below has/have the following;

- 1 _____ ADHD ADD Dyslexia Autism Other (Specify)
2 _____ ADHD ADD Dyslexia Autism Other (Specify)
3 _____ ADHD ADD Dyslexia Autism Other (Specify)
4 _____ ADHD ADD Dyslexia Autism Other (Specify)

Specify: _____

Medical Insurance Company Name: _____
Medical Insurance Holder Name: _____
Medical Insurance Group Number: _____
Medical Insurance Telephone Number: _____

Parent/Guardian Signature: _____ Date: _____