

# MCC SUNDAY SCHOOL

4836 MOUNT VERNON DRIVE

## 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 MCC Sunday 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: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Signature \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Tel: \_\_\_\_\_

Date: \_\_\_\_\_

===== Administration Note =====

Year 2018-2019      Verified by \_\_\_\_\_