

Al-Huda Islamic School
2800 East River Road ♦ Tucson, Arizona 85718

EMERGENCY MEDICAL TREATMENT PERMISSION FORM

Dear Parent or Legal Guardian,

When emergencies arise, staff members will make every effort to contact a student's parent, legal guardian, or emergency contact. The following information must be provided to the school and the statement below must be signed by the student's parent or guardian for use in the event that a parent, guardian, relative or other emergency contact cannot be reached.

Student's Name: _____

Student's Date of Birth: _____

Allergies (food and/or medication): _____

Student's Social Security Number: _____

STATEMENT OF CONSENT

In the event that I cannot be reached, I hereby give my consent for emergency treatment for the above named Al-Huda Islamic School student according to the judgment of the attending physician or nurse.

(Print Parent's Name)

(Parent's Signature)

(Date)

* Please take a moment to update your emergency contact information. If an Emergency Contact Information Form is attached to this document, the school requests that you complete the form and return it with this Parent Permission Form.