

# San Ramon valley Islamic Center – Islamic School

## Student Medical Release Form 2011-2012

### Parent/Guardian Medical Release Form

Our child \_\_\_\_\_ has my/our permission to participate in all activities of the San Ramon Valley Islamic Center School. We agree to hold harmless SRVIC, its School Director, teachers, staff, board and trustees of all liabilities and claims for all medical related matters related to our child.

SRVIC asks that you inform us in writing if your child is allergic to any specific foods. In writing, please provide us with detailed information about your child's condition. If medication needs to be administered in the case of emergency, please be sure to provide us with the medication as well as written instructions for administering this medication.

ALLERGY INFORMATION:

Student Name	Teacher	Condition	Medication To Be Used

On days when SRVIC hosts special celebrations where food is served, if your child has life threatening food allergies, you will need to be with your child and be responsible for him/her.

In the case of a life threatening emergency, 911 will be contacted first and then subsequently the parent/guardian.

By signing below I consent to release SRVIC of all medical claims and liabilities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian name

\_\_\_\_\_  
Emergency Phone number