



# Islamic Services Foundation

ISF Quran Institute

3145 Medical Plaza Dr., Garland, TX 75044

Tel: 972-675-2062 Fax: 972-675-2063

## PARENTAL AUTHORIZATION AND RELEASE

I, \_\_\_\_\_  
(Print Parent or Guardian first and last name)

Of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, (\_\_\_\_\_) \_\_\_\_\_  
(Street Address) (City) (County) (State) (Telephone)

am the parent / guardian of \_\_\_\_\_ a minor who is enrolled in ISF  
(Student first and last name)  
Quran Institute located at 3145 Medical Plaza Dr., Garland, TX 75044, County of Dallas, State of Texas.

**A. Authorization to Consent to Medical Treatment. The above named student is covered by the insurance:**

Insurance Company: \_\_\_\_\_ Certificate No.: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Insured's Employer \_\_\_\_\_

Insured's Employer Address \_\_\_\_\_

Insured's Employer Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Student's Physician \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Physician's Address \_\_\_\_\_

In event of a medical emergency,

I hereby authorize ISF Quran Institute, officers, agents, and employees to consent to:

(1) the administration to student any treatment deemed necessary by licensed physician or dentist; and (2) the transfer of the student to any hospital reasonably accessible. I understand that this authorization is intended to empower ISF Quran Institute, its officers, agents, and employees to give consent to any diagnosis, treatment or hospital care, which in the judgment of a licensed physician or dentist, is deemed advisable. I understand that ISF Quran Institute is not financially responsible for expense of medical treatment, emergency care or transportation.

\_\_\_\_\_  
(Initial)

**B. Authorization to Participate on Field Trips. I give my consent for the above named student to attend any field trips associated with course(s) events in which he/she is enrolled at ISF Quran Institute.**

\_\_\_\_\_  
(Initial)

**C. Authorization of Administration of Medication. I give my consent to the administration of medications to the student mentioned above brought to the school by a parent or guardian in the original container, properly labeled with the name of the student, the identification of the medication, the dosage, and the time to be administered by the school nurse or administrative personal designated by the principal. In accordance with Texas law no medication will be given at school without the appropriate school Medication form filled and signed by parent.**

\_\_\_\_\_  
(Initial)

**D. Release and Indemnity Agreement. ISF Quran Institute does not assume any responsibility for accidents. In consideration of the above named student being enrolled and permitted to make trips and participate in school activities and, athletics, and to full extent allowed by law, I hereby agree to waive and release ISF Quran Institute, its Trustees, Faculty, student Health Office, agents, and employees from any accident or injury suffered by the above named student while on school trips or participation in school activities or athletics in connection with any or the authorizations described above. School nurse and Administrative staff is not responsible for any adverse reaction due to taking medication when given under the above mentioned requirement.**

\_\_\_\_\_  
(Initial)

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**(Parent or Guardian Signature)**

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**(Relation to Student)**