



ICGA

Emergency Care Authorization

I,....., authorize the ICGA Islamic School to seek medical treatment fully on my expense for my son(s) or daughter(s) during the school time in the event of injury or health problems.

List of son(s) or daughter(s),

Current health issues (If any)

- 1-
- 2-
- 3-
- 4-
- 5-
- 6-

Parent/Guardian Signature..... Date:.....

Best number(s) to call incase of emergency 1-2-.....

Insurance Information:

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Notes from the Parents/Guardian:

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