





5 W Elm Street, Norristown, PA- 19401

:  
**Confidential Medical Release Form**

**Any know allergies and/or medical conditions: Yes or No**

\_\_\_\_\_  
**Student's Name Allergy/Condition**

\_\_\_\_\_  
**Student's Name Allergy/Condition**

\_\_\_\_\_  
**Primary Physician Name Primary Physician Phone**

\_\_\_\_\_  
**Medical Insurance Group ID# Policy ID#**

**Emergency Contact Numbers:**

\_\_\_\_\_  
**Relationship Phone** \_\_\_\_\_ **Name**

**PARENT/GUARDIAN'S APPROVAL AND MEDICAL RELEASE** I hereby release, discharge and/or otherwise indemnify the Norristown Islamic Society, its Principal, teachers, volunteers, management and Board of Trustees or any of their representatives against any claim by or on behalf of the student as a result of his/her attendance of the Norristown Islamic Society and/or being transported to or from the same. I will be also responsible for any damage, major or minor, to the Norristown Islamic Society facilities that is caused by any of my children. My family and I will further comply with the rules and regulations governing the operation of the Norristown Islamic Society

My son/daughter has received a physical examination by a physician and has been found fit. In case of injury or health needs while present at premise of the Norristown Islamic Society, I hereby give my consent to doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be fully responsible financially for the cost of each assistance and/or treatment.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date**