



In the name of Allah, Most Gracious, Most Merciful

These forms must be filled out and updated for each child (New & Returning) who are enrolling for the school year.

ISLAMIC SCHOOL OF GREATER KANSAS CITY

8505 E. 99th St., Kansas City, MO 64134 • Phone: (816) 763-0322 • Fax: (816) 761-9249 www.iscgkc.org

2022-2023

MEDICAL/EMERGENCY INFORMATION

STUDENT NAME: _____

MEDICAL INFORMATION

Dr. Name: _____ Phone: _____

Clinic Name & Address: _____

Hospital Name & Address: _____

Allergies (food, drug) (Please describe):

Medical Condition (Description):

Medical Insurance Provider Name: _____ (Please provide a copy of card)

EMERGENCY INFORMATION (Other than Parents)

Contact Name: _____ Telephone Number: _____

Relationship to student: _____

MEDICINES PERMISSION

I hereby _____ **give** _____ **do not give** the Islamic School of Greater Kansas City (ISGKC) my consent to administer pain reliever, cough medicine, cough drops, Dayquil, Tums, Pepto-Bismol when my child(ren) experience headache, stomachache or flu-like symptoms.

ACKNOWLEDGEMENT OF PROVIDING HEALTH RECORDS

I understand the following policies and procedures governing Islamic School of Greater Kansas City, and I will adhere to them in good faith. **I will provide necessary health records by the first date of my child's attendance.**

AUTHORIZATION FOR 911 & EMERGENCY CARE

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency or life-threatening incident requiring medical care, **I authorize The Islamic School of Greater Kansas City, as represented by a staff member, to call 911 (expenses to be covered by my insurance) or to take my child to Children's Mercy Hospital, unless an alternate hospital is designated below, for any medical or surgical treatment that might be necessary to treat an accident that has occurred during school hours.**

I prefer that my child, _____, be taken to _____ in case of emergency.
(Name and address of hospital)

AGREEMENT REQUIRED BY THE STATE

1. When my child is ill (has a temperature, diarrhea, vomiting or a communicable disease) it is understood that he/she will not come to school or will be sent home.
2. I have been informed of ISGKC's policies pertaining to the admission, care and discharge of children.
3. I have read and understand the policies in the Parent Handbook entitled and agree to abide by all policies therein.

Parent or Guardian Signature

Date (mm/dd/yyyy)



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PARENTS' PERMISSIONS

AUTHORIZATIONS FOR OTHERS TO PICK UP FROM SCHOOL

_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone

WALKING HOME & AFTER SCHOOL PICK-UP OF SIBLINGS

I do () do not () give _____ permission to be allowed to walk to school or to walk home after school.

I do () do not () give _____ permission to pick up their younger siblings after school and be responsible for their care until such time that their ride comes to pick them up. (Students must be in at least 7th grade to be able to do this.)

When giving my child permission, I understand that the school **will not be liable** for any responsibility for the safety of my children or for any accidents which may occur on the premises of the school grounds during these times.

Parent or Guardian Signature

Date (mm/dd/yyyy)

PHOTO RELEASE PERMISSION

The Islamic School of Greater Kansas City has my permission to use my child's photograph publicly to promote the school. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Signature: _____ Date _____
(mm/dd/yyyy)

Parent/Guardian's Name: _____ Phone _____

Child's Name: _____

FIELD TRIP PERMISSION

I do () do not () give my consent for my child to take part in field trips or excursions with ISGKC, School. Transportation will include walking, bus or car. It is my understanding that I will be notified when such trips are planned. **I understand that field trip fees are non-refundable.**

Parent or Guardian Signature

Date (mm/dd/yyyy)

ATTENTION:

When all forms are completed, **save the PDF file to your computer.** Then, **email the PDF file to admin@iscgkc.org.**