



26820 Hobie Circle, Murrieta, CA 92562, USA Phone number: 951-600-4883

EMERGENCY MEDICAL CONSENT FORM

Islamic Center of Temecula Valley (ICTV) and its Sunday Education Program has my permission to obtain emergency medical treatment for my child, \_\_\_\_\_  
When I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

**Mother/Guardian's Name** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Father/Guardian's Name** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

My insurance provider is \_\_\_\_\_

My child's medical record number is \_\_\_\_\_

Preferred hospital/treatment center \_\_\_\_\_

My child is taking the following medications  
\_\_\_\_\_

My child has the following allergies  
\_\_\_\_\_

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in child care.

\_\_\_\_\_  
Signature of Parent or Guardian Date

\_\_\_\_\_  
Signature of Parent or Guardian Date