



*Parental Authorization and Release*

I, \_\_\_\_\_ (parent's /guardian's name), of \_\_\_\_\_  
(Street address) City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_,  
I am the (father/mother/guardian) of \_\_\_\_\_ (student's name), of \_\_\_\_\_  
(Street address), City of \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_,  
and a phone number of \_\_\_\_\_, who is enrolled at IANT Quranic Academy, Located at  
840 Abrams Road, Richardson, 75081, Country of Dallas, State of Texas.

- A. Authorization to Consent to Medical Treatment. The above named student is covered by insurance as follows:

Insurance Company: \_\_\_\_\_ Certificate Number: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_ Insured's Employer: \_\_\_\_\_  
Insured's Employer Address/phone number: \_\_\_\_\_  
Student's SS#: \_\_\_\_\_ Insured's SS#: \_\_\_\_\_  
Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**In the event of a medical or dental emergency, I hereby authorize IANT Quranic Academy, officers, agents and employees to consent to: (1) the administration to student of any treatment deemed necessary by a 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 IANT Quranic Academy, its officers, agents, and employees to give specific consent to any diagnosis, treatment or hospital care which, in the judgment of a licensed physician or dentist is deemed advisable. I understand that IANT Quranic Academy is not financially responsible for expense of medical treatment, emergency care or transportation.**

\_\_\_\_\_  
(Parent's or guardian's Signature)

\_\_\_\_\_  
(Relation to Student)

\_\_\_\_\_  
(Date)

- B. Authorization to Participate on Field Trips. 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 IANT Quranic Academy.

\_\_\_\_\_  
(Parent's or guardian's Signature)

\_\_\_\_\_  
(Relation to Student)

\_\_\_\_\_  
(Date)



C. Release and Indemnity Agreement. IANT Quranic Academy 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 the full extent allowed by law, I hereby agree to waive and release IANT Quranic Academy, its trustees, Principal, Faculty, school nurse, employees, agents, and invitees together with all persons, including parents of students of IANT Quranic Academy assisting with any phase of such trips and activities and athletics (but not third party vendors and service providers, such as paid certificated carriers) (collectively referred to as ‘Releasees’), from any and all claim, suits, losses, damages, causes of action or other liabilities by reason of any accident or injury suffered by the above named student, which may arise in connection with school trips and activities, and of the authorization describes above, Further, I hereby also agree to indemnify and hold harmless IANT Quranic Academy, its Trustees, Principal, Faculty, school nurse, agents, and employees from any all claims, suits, losses, damages, cause of action or other liabilities, including but not limited to all damages and all expenses of litigation and/or settlement/release, by person of any accident or injury suffered by the above named student while on school trips or participation in school activities or athletics connected with the authorizations described above.

\_\_\_\_\_  
(Parent’s or guardian’s Signature)

\_\_\_\_\_  
(Relation to Student)

\_\_\_\_\_  
(Date)

D. Parent agrees to cooperate and comply with all school policies and procedures.

\_\_\_\_\_  
(Parent’s or guardian’s Signature)

\_\_\_\_\_  
(Relation to Student)

\_\_\_\_\_  
(Date)