LIABILITY WAIVER AND MEDICAL AUTHORIZATION

ICP Islamic School participant agreement.

Learn with purpose. Grow in faith. Serve with mercy.

1 PARTICIPANT INFORMATION

Student full name *

Date of birth *

Class / level

Parent / legal guardian *

Emergency phone *

2 ASSUMPTION OF ORDINARY RISK

I understand participation may include classroom instruction, Qur'an and Islamic studies activities, prayer, walking, indoor and outdoor recreation, games, snack times, and other supervised programming on Islamic Center of Peoria property. These activities involve ordinary risks, including slips, falls, minor injuries, allergic reactions, illness, and accidental contact. I voluntarily permit my child to participate and accept these ordinary risks.

3 RELEASE AND HOLD HARMLESS

To the fullest extent permitted by law, I release and hold harmless the Islamic Center of Peoria, ICP Islamic School, and their board members, officers, employees, teachers, volunteers, contractors, and representatives from claims arising from my child's ordinary participation in program activities. This release does not apply where prohibited by law or to injury caused by gross negligence, willful misconduct, or intentional wrongdoing.

4 EMERGENCY MEDICAL AUTHORIZATION

If my child becomes ill or injured and I cannot be reached promptly, I authorize program personnel to contact emergency medical services, provide reasonable first aid within their training, and arrange emergency evaluation, treatment, or transportation when reasonably necessary. I understand I remain responsible for medical, ambulance, insurance, and related costs.

LIABILITY WAIVER AND MEDICAL AUTHORIZATION

Health, medication, conduct, and emergency details.

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5 HEALTH AND MEDICATION INFORMATION

I will disclose allergies, medical conditions, dietary restrictions, emergency medications, and support needs that may affect my child's safe participation. I will provide any required emergency action plan, medication form, properly labeled medication, and updated instructions. Medication administration is subject to school policy, staff training, and applicable law.

6 BEHAVIOR, SAFETY, AND DISMISSAL

My child will follow staff directions, safety rules, prayer and adab expectations, and standards of respectful conduct. ICP Islamic School may contact me regarding safety concerns, bullying, harassment, repeated disruption, property damage, or other conduct that interferes with learning. The school may require early pickup, suspension, reassignment, or dismissal when reasonably necessary for safety or program integrity, subject to adopted policies.

7 EMERGENCY AND MEDICAL DETAILS

Emergency contact if parent cannot be reached *

Phone *

Allergies / conditions / emergency instructions

8 EMERGENCY TRANSPORTATION

- ○ I authorize emergency transportation when reasonably necessary.
- ○ Call 911 / EMS and contact me; no non-EMS transportation without further permission.

LIABILITY WAIVER AND MEDICAL AUTHORIZATION

Parent agreement and signature.

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9 PARENT AGREEMENT AND SIGNATURE

I confirm that I am the student's parent or legal guardian, have read this agreement, understand its terms, and have had an opportunity to ask questions. I certify that the information I provide is accurate. This agreement applies to the academic year listed below unless replaced in writing.

Academic year *

Printed parent / guardian name *

☐ By typing my name below, I intend to sign this form electronically.

Parent / guardian signature *

Date *

Relationship

10 OPTIONAL ADDITIONAL NOTES

Additional instructions or information for school staff