

Islamic Center of Old Bridge
205 Route 35 North
Cliffwood Beach, NJ 07735
Phone: 732-583-2030

LIABILITY RELEASE, PARENT PERMISSION AND EMERGENCY CONTACT FORM

I hereby state that I, _____ ,
parent/legal guardian (please print)

am the custodial parent or legal guardian of _____ ,
student (please print)

a minor. I therefore, grant permission for this student to attend/participate in any sponsored field trips or to attend any authorized activities as part of **ICOB Programs**.

I release and save harmless ICOB and any office bearers, representatives, assigns, employees or volunteers from any and all liability for any and all harm arising to my son/daughter as a result of the field trips and/or activities, and waive any claims against them.

In the event of an emergency and if neither emergency contact can be reached; I, authorize ICOB to take any emergency medical measures deemed necessary for the care and protection of my child. This includes, if necessary, treatment by a physician, paramedic, and/or transfer to the hospital. I give permission for limited treatment for minor illness and/or injuries. In case of emergency, the student will be referred to the nearest medical facility for care at the expense of the parent.

In case of emergency, please contact the following:

<u>Emergency Contact #1</u>	<u>Emergency Contact #2</u>
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home Phone: _____	Home Phone: _____
Work Phone _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

Parent/Guardian Signature

Date

Name of Student (PLEASE PRINT)

___/___/___
Date of Birth

Age of Student