

PHOTOGRAPH RELEASE

Iqra Academy has permission to take photographs and/or video of _____ (child) to be used in the classroom, educational or promotional purposes and/or public awareness of our school.

Check here if you DO NOT give permission.

Signature of Parent or Guardian _____

MEDICAL RELEASE & WAIVER OF LIABILITY

I, _____, (Parent/Guardian Name) hereby give permission for any and all medical and/or dental attention to be administered to my child, _____ in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume responsibility for the payment of such treatment. In the event I cannot be reached, Iqra Academy's Principal and staff are designated to act on my behalf. I hereby waive and release all rights and claims against Iqra Academy and its staff for any and all injuries or other consequences that may occur to my child while at school. This release is effective for the period of one (1) year from the date signed below.

Print Name of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____