

Emergency Form

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DETAILS OF APPLICANT

Name in full Date of Birth

Address

..... Postcode Tel

DETAILS OF PARENTS / GUARDIANS

NameAddress (if different from above.....

.....

Postcode.....Tel.....Mob.....

MEDICAL INFORMATION

Name & Address of GP.....

.....Postcode Tel

Does your child have any medical problems: (circle appropriate one)

Physical: yes / no Mental: yes / no Allergies: yes / no Speech: yes / no Any other: yes / no

If the answer is yes to any of the above please clarify nature of illness:

.....

.....

NEXT OF KIN / EMERGENCY CONTACT DETAILS (DIFFERENT FROM PARENTS)

Name Address.....

..... Postcode Tel

Mobile Relationship to child.....

CONSENT

In the event of a medical emergency occurring to my child, I hereby authorise London Islamic School to act in loco parentis. The school may authorise all necessary medical and/or surgical procedures that health professionals deem as vital for the wellbeing of my child. I understand that every effort will be made to contact me or my doctor immediately, and that medical and surgical procedures will be implemented only in the event I cannot be contacted.

Name of Parent/guardian..... Relationship to child.....

Signature..... Date.....

Principal: Mawlana Thohur Uddin

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