

Madrassa Registration Form. ABUBAKR MOSQUE CAMBRIDGE

Child's Name	Date of Birth	M	F
		Gender	
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
Post Code	Post Code		
Email address	Email address		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
Home Phone	Work Phone
Home Phone	Work Phone
Address	Address
Post Code	Post Code

Medical Information

Please specify any medical conditions and allergies

GP's name and address

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by medical professionals for my child and waive my right to informed consent of treatment. **This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.**

Parent's/Guardian's Signature

Date

