



## Parent Acceptance Form

To improve the JIS performance, JIS encourages all Students, and Parents, to provide their suggestions, comments, and concerns to JIS in writing. This will ensure that JIS reviews the issues(s) presented and provides a written response as well. Any suggestions, comments, and concerns must include the name of the person presenting the issue along with an address, telephone number, and email address if available. Please give enough detail so JIS can provide an appropriate response.

**Permission for Medical Treatment:** In the event parents/legal guardians named on this form cannot be contacted, I the undersigned do hereby authorize officials of Jaferia Islamic School to consent on my behalf for emergency medical care for my child, named above. I agree to assume financial responsibility for all expenses associated with the emergency care and/or transportation for said child. Additionally, I agree not to hold Jaferia Islamic school, its officers, or its employees liable for any injury or losses related to the emergency care my child receives. I authorize the administration of Jaferia Islamic School to administer the following over the counter medications at their discretion.

PLEASE CHECK MEDICATIONS PERMITTED

Acetaminophen (Tylenol)  Ibuprofen (Advil, Motrin)  
 Antacids (Tums, Mylanta)  Diphenhydramine HCL (Benadryl)  
 Anti-itch and anti-bacterial skins creams  cough medicines and/or drops

**A copy of the JIS Parents Guide 2016-17, has been given to me by JIS Administration. I have read the document and will comply (Inshallah) with all of the policies.**

For Parents:

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Parent Name \_\_\_\_\_

Parent Signature & Date \_\_\_\_\_