



In the Name of Allah, Most Gracious, Ever Merciful

**Parental Permission / Emergency Release Information**

**All Atfal are required to have this form filled and signed by at least one parent or legal guardian. All Khuddam under the age of 18 years are also required to have this form filled and signed by at least one parent or legal guardian.**

Majlis Khuddam ul Ahmadiyya/Majlis Atfal ul Ahmadiyya Annual Ijtema  
(National Youth Camp), August 7-9, 2009  
Milwaukee Sports Complex, Milwaukee, WI

**Personal Information: (Please print)**

Participant (Khadim/Tifl) Name \_\_\_\_\_

Participant's Majlis \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Cell \_\_\_\_\_

**Emergency Information: (Please print)**

Drug or Other Allergies \_\_\_\_\_

Special Medical Conditions \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Emergency Contact Numbers: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Name of Healthcare Insurance Provider \_\_\_\_\_

Medical Insurance Provider ID \_\_\_\_\_

Primary Insured Subscriber Name \_\_\_\_\_

**EMERGENCY AUTHORIZATION**

*Should a participant require immediate medical attention at any time, he will be taken to the nearest Emergency Room. In consideration of the benefits to be derived and having full confidence that every reasonable precaution will be taken to ensure the safety and well being of my son during this activity, I hereby agree to his participation at the National MKA Ijtema (Youth Camp) MKA USA, being held August 7-9, 2009, at Milwaukee Sport Complex, Milwaukee, WI. I hereby authorize and give my consent and permission to the adult leaders to obtain medical care as deemed necessary of a licensed physician, dentist, or pharmacist, including but not limited to diagnosis, anesthesia, treatment, surgery, medication or to hospitalize or order injection for the minor named above. I agree to be responsible for any and all costs. I further authorize the adult leader to receive physical custody of said minor upon completion of any treatment, and I specifically instruct any treating facility to surrender the physical custody of said minor to the adult leader. I certify that I am the parent having legal custody, or one of the parents having legal custody, or the legal guardian having custody of the minor named above.*

I, \_\_\_\_\_ (parent's name), hereby give permission for my son  
\_\_\_\_\_ to attend the National MKA Ijtema at Milwaukee Sports Complex, Milwaukee,  
WI, being held August 7<sup>th</sup> – 9<sup>th</sup>, 2009

\_\_\_\_\_  
Parent's Signature Date

**\*Please complete and bring this form to the National MKA Ijtema and submit it to any member of the National Atfal Amila.**

**\*Or submit it to your Local Qaid or Local Nazim Atfal.**