

Mosque Youth Program Consent Form

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

Parent/Guardian Information

Full Name

Relationship to Participant

Phone Number

Email

Medical Information

Allergies or Medical Conditions

Emergency Contact Name

Emergency Contact Phone

Consent and Agreement

☐

I give permission for my child to participate in the Mosque Youth Program.

☐

I authorize emergency medical treatment if necessary.

☐

I consent to the use of photographs/videos of my child for program purposes.

Parent/Guardian Signature

Date