



I.E.G. Centre

المركز الإسلامي للتعليم والإرشاد

Islamic Education Guidance Center
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OFFICE USE ONLY.		SICKNESS OF THE PERSONS.		Date: _____	
REGISTRATION #: _____		Sihr () Jinn () Ain () Otz () Etc ()		Detail about this issue: _____	
PERSONAL INFORMATION:					
LAST NAME: _____		FIRST NAME: _____		MIDDLE NAME: _____	
ARE YOU A MEMBER OF AR-ROWDA MASJID		YES ()		NO ()	
DATE OF BIRTH: / DD / MM / YYYY		GENDER M ()		F ()	
STREET ADDRESS: _____					
CITY: _____		PROVINCE: _____		COUNTRY: _____	
				POSTAL CODE: _____	
HOME PHONE #: _____			WORK / CELL #: _____		
HEALTH INFORMATION:					
HEALTH CARD NUMBER: _____ / _____ / _____ ()					
HEALTH PROBLEMS FOR ALLERGIES: _____					
DOCTOR'S NAME: _____					
PHONE #: _____					
IMPORTANT NOTICE:					
PLEASE READ CAREFULLY: Do you have any sensitivity to anything that is allergic? Or are there any Drugs that you take? Do you have any special conditions? If Yes, Please Give us details: _____					

EMERGENCY CONTACT INFORMATION:					
Name: _____			PHONE #: _____		
NOTICE OF CONSENT:					
I _____, give my consent to Ar-Rowda Masjid in the means of reciting the Holy Qur'an onto me for medicinal purposes. For the duration of my visitation I agree to comply with the recommendations purposed by the knowledgeable Imam. Through the power and mercy of Allah (SWT), people with illnesses such as Sihr (black magic), Ain (evil eye), and Jinn (possession of the devil) are likely to experience side effects which may include: vomiting, physical aches and pains, fainting, emotional instability such as crying, screaming, uncontrollable laughter, anxiety and in severe cases hospitalisation. I understand these side effects are only temporary and part of the normal healing process and also acknowledge that the Imam nor the Masjid Ar-Rowda is responsible for these occurrences.					
Signature: _____				Date: _____	
Do you want to help the IEG Centre		if Yes () No ()		Full Name: _____	
Account # _____		Branch #: _____		Transit or Bank Name: _____	
Monthly amount: () One Time: ()		\$20 () \$50 () other: _____		Signature: _____	