Department of Athletics
Corpus Christi, Texas
School Year 2018-2019

PHYSICIAN'S CERTIFICATE AND PARENT'S CONSENT

STUDENT'S NAME__________________________SCHOOL Incarnate Word Academy Elementary Level

ADDRESS_________________________________PHONE___________BIRTH DATE___________

PHYSICIAN'S CERTIFICATE

I hereby certify that the above named student was examined by me and is physically fit to engage in school approved sports (baseball, basketball, volleyball, track). Please underline sport.

______________________________ ______________________________________
Date of examination Physician's signature

PARENT'S OR GUARDIAN'S PERMISSION TO PARTICIPATE IN ATHLETICS

I understand that the Incarnate Word Academy requires the written permission of the parent or guardian of any student who desires to participate in the above named school sponsored sports. I hereby give my consent for the above named student to compete in school approved sports and to go with the coach and/or other school representatives on school sponsored trips. I herewith grant permission for school employees to secure medical services for the above named student if necessary. I also agree to be responsible for the return of all athletic equipment issued by the school to the above named student.

____________________________ ______________________________________
Date Signature of Parent or Guardian

ATHLETIC INJURIES

The Incarnate Word Academy is NOT liable for injury to students and/or school personnel. A low cost student insurance plan is made available to students. ALL ATHLETES ARE REQUIRED TO PARTICIPATE IN THE STUDENT ACCIDENT INSURANCE PROGRAM OR SUBMIT A WAIVER SIGNED BY PARENT OR GUARDIAN THAT HE ALREADY HAS A POLICY PROVIDING THE SAME PROTECTION. A student who receives an injury in athletics will be given immediate attention by our team physician and/or trainer. The student's parents will be expected to use the family insurance policy to assist the school's insurance policy to pay extra expenses incurred as a result of an athletic injury.

If injury should occur to the above named student while participating in any school approved sport, I authorize the Incarnate Word Academy to make use of my insurance policy. I understand that payment will be made directly to the doctor and/or hospital.

________________________________ ______________________________________
Name of Insurance Company Policy and/or Group Numbers

____
Signature of Parent or Guardian

EMERGENCY AUTHORIZATION FOR YOUR CHILD

Dear Parent or Guardian,

In order to provide your son/daughter with emergency medical care in the event that the persons named on your emergency card cannot be contacted, it is necessary for the school officials to have a consent form signed by you. Please read and sign the consent form below and return it to the school.

Sincerely,

Ms. Pamela Carrillo
Principal

I, the undersigned, do hereby authorize officials of Incarnate Word Academy to contact directly the persons named on the Emergency Card and to authorize the named physicians to render such treatment as may be deemed necessary in an emergency for the health of my son/daughter.

Student:____

Last Name First Initial

In the event that physicians, other persons named on the Emergency Card or parents cannot be contacted, or if time is of the essence, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of my son/daughter.

I will not hold Incarnate Word Academy financially responsible for the emergency care and/or transportation for my son/daughter.

Date______________________ ____

Signature of parent or guardian