

INCARNATE WORD ACADEMY

2021-2022 PERMISSION TO TREAT FORM

As the parent or legal guardian of the student, I authorize Incarnate Word Academy through its trustees, officers, directors, employees, agents, or representatives to render or obtain such emergency medical care or treatment for the student as may be necessary should any injury, harm, or accident occur to my child while participating in school sponsored activities. I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for the care and protection of the student while under Incarnate Word Academy's supervision. In case of accident or illness, I understand that the student will be taken to an appropriate medical facility for treatment. I understand that efforts will be made to contact me prior to treatment but in the event I cannot be reached in an emergency, I give permission to Incarnate Word Academy representatives to make the decisions necessary for treatment. As parent or legal guardian, I understand that I am responsible for the health care decisions of the student and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to the student.

By signing as a parent or guardian, you give permission to treat as stated above.

Student Name

Parent Signature

Date of Birth

Date