

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

I, the Enrollment-Responsible Parent, acknowledge that the electronic signature in the Department of Athletics Physician's Certificate and Parent's Consent Form and its related fields are treated by Incarnate Word Academy like a physical handwritten signature on a paper form.