



**OFFICE OF SCHOOL NURSE**

7280 Frenchman's Bay  
St. Thomas, VI 00802  
340-776-1600 x 4603  
FAX: 340-776-1019  
nurse@antilles.vi

**AFTER-SCHOOL ACTIVITIES MEDICAL CERTIFICATION**  
*St. Thomas/St. John Interscholastic Athletic Association and Physician Consent*

**PHYSICIAN CONSENT**

This is to certify that I am a licensed physician and that I have examined \_\_\_\_\_ age \_\_\_\_\_. I consider the above student physically able to participate in organized, competitive athletic activities for the school year 2026-2027 in any sport **NOT CROSSED OUT** below.

- |                |          |                   |                 |
|----------------|----------|-------------------|-----------------|
| Swimming       | Tennis   | Flag Football     | Tackle Football |
| Volleyball     | Sailing  | Track & Field     | Basketball      |
| Weight Lifting | Softball | Cross-country     | Soccer          |
| Baseball       | Yoga     | Wrestling         | Gymnastics      |
| Martial Arts   | Dance    | Push Fitness Camp | other _____     |

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Telephone

**PARENT CONSENT**

This is to certify that I am the Parent/Guardian of \_\_\_\_\_, who was born on \_\_\_\_\_ and is enrolled in Antilles School. As the Parent/Guardian, I hereby grant express permission for the above-named student to participate in organized, competitive athletic activities from 2026-2027, and in any and all sports activities in which the student is medically certified and able to participate. The student may travel with any school team of which the student is a member. Furthermore, I authorize the school to obtain any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or travel.

I acknowledge that such activities have an inherent risk of injury, regardless of the sport, and that on rare occasions, injuries may be severe, and in extreme cases, may even result in death.

I have read and understand the above statements.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Telephone