

# Isle of Wight Academy

Post Office Box 105 • 17111 Courthouse Hwy. • Isle of Wight, Virginia 23397

(757) 357-3866 • Fax (757) 357-6886

## Medical Release and Parental Permission For Athletic Participation

I hereby give permission for my child, \_\_\_\_\_, to receive emergency medical treatment in the event the need should arise. Agents or representatives of Isle of Wight Academy have my permission to confer upon any physician, emergency medical technician, or paramedic, authorization to provide necessary treatment in the event of illness or injury.

Parent's Name: (Printed) \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is the above named student covered by medical insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I hereby give permission for my child, \_\_\_\_\_ to participate in the following sports at Isle of Wight Academy:

\_\_\_\_\_

I accept that there are some risks involved in athletics and I am aware that injury may occur during participation. I do not hold Isle of Wight Educational Foundation responsible for injuries received during participation.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This document will remain in effect for the duration of the current school year, \_\_\_\_\_ or until written notification is received to the contrary.

