

# Isle of Wight Academy

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

(757) 357-3866 • Fax: (757) 357-6886

## Physical and Medical Authorization For Athletic Participation

Student's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Does the student wear contacts or glasses? \_\_\_\_\_

Please check the prospective student athlete for any physical limitations that would preclude participation in athletics at Isle of Wight Academy. If there are any limitations or sports which you would recommend that the student be excluded from, please list those below. Thank You.

I certify that I have given a physical examination to \_\_\_\_\_  
and have found him/her physically fit and able to participate in school athletic programs,  
including Junior Varsity and Varsity sports.

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Limitations or sports to be excluded: \_\_\_\_\_

\_\_\_\_\_



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## 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.

