



AUTHORIZATION AND MEDICAL CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I, (name) _____, do hereby solemnly swear that I am the parent or legal guardian of (child name) _____, a minor child (hereafter "the minor"), and have legal custody of the minor child.

I grant my authorization and consent for the Residential Life staff of Incarnate Word High School, St. Anthony's Catholic High School, and University of the Incarnate Word (hereafter "Supervising Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of professional emergency treatment, I authorize the Supervising Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnostic, treatment, or hospital care (including surgery) deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

I agree to assign the benefits of personal coverage of medical insurance for the minor to the appropriate providers of his/her medical care. In the event that appropriate medical coverage under my medical insurance plan is unavailable, insufficient, or denied with respect to the treatment or services provided to the minor, I agree to assume all financial liability and responsibility for all expenses and costs associated with said transportation and/or treatment of his/her illness or injury. Also, I authorize the hospital, attending physician, or other health care specialist administering the treatment to release pertinent information to the insurance company assuming coverage for the same.

In consideration of the Residential Life staff of Incarnate Word High School, St. Anthony's Catholic High School, and University of the Incarnate Word caring for the minor and agreeing to intervene on my behalf to provide or make arrangements to provide medical assistance to him/her as needed, I agree to release and indemnify the University of Incarnate Word, Incarnate Word High School, and St. Anthony's Catholic High School, including their respective trustees, directors, officers, faculty, staff, employees, servants, and other agents and assigns from all liability and responsibility for any claims, demands, actions or other proceedings for any personal injury, accident, damage, expenses, or other loss caused, suffered or incurred by the minor or any other person or entity arising out of his/her/its participation in the boarding program.

I acknowledge that I have read and understand the above statements and that if I am unable to do so, for whatever reason, I have had them read to me and I am confident that the individual so doing has read and/or translated the statements truthfully and in their entirety.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

I, the undersigned, hereby specifically authorize the University of Incarnate Word, St. Anthony's Catholic School and Incarnate Word High School Residential Life staff and/ or any authorized member of its staff or duly affiliated consultant to provide care and treatment to the student and to arrange for routine medical needs and emergency treatment as deemed necessary.

A photocopy of this authorization shall be as valid and may be accepted as the original.

This authorization shall be effective as of _____, 20 ____.	
Parent/Guardian Signature _____	Date _____
Subscribed and sworn to before me this _____ day of _____, 20 ____.	
Signature of Notary Public: _____	
Notary Public for the State of: _____. My commission expires: _____.	