



NOTRE DAME ACADEMY ATHLETICS

Athletic Medical Consent Form

Please Return by August 17, 2020

Student's Name _____ Grade _____

I verify that the above named student has had a current physical examination (within 13 months) and is approved for participation in athletics for the 2020/2021 academic school year.

Date of Physical Exam Physician's Signature

OR

A current physical exam is on file in the NDA nurse's office:

Date of Physical Exam Parent/Guardian Signature

Insurance Company Insurance Company Phone Number

Name of Policy Holder Policy Number / Group Number

My daughter, _____
has permission to participate in the Notre Dame Academy Athletic Program, with the understanding that the Academy will provide safeguards for the physical protection of the student while taking part in school athletics. She has permission to travel to and from games, scrimmages and/or practices in cars. I understand that coaches, parents, or teammates may drive the cars. I release Notre Dame Academy, the athletic staff and the drivers from all claims for loss, damage or injury sustained by the athlete whether caused by negligence or otherwise. I give Notre Dame Academy coaches permission to act on my behalf in case of a medical emergency.

Parent/Guardian Signature Emergency Phone Number

Return completed form by August 17, 2020

Athletic Department
Notre Dame Academy
425 Salisbury Street
Worcester, MA 01609