

Wisconsin Interscholastic Athletic Association – ALTERNATE YEAR ATHLETIC PERMIT CARD

School Year 20_____ – 20_____

(Print or Type)

Physical Date ____/____/____

NAME _____ DATE OF BIRTH ____/____/____
Last First Middle Initial

Present Address _____ Phone _____

Grade _____ Age _____ Sex M F Sport _____

School _____ City _____

Parent's Place of Employment _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____

Policy Numbers and Address _____

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved sports.
2. I also attest to the fact that the above named student has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.
3. I further grant permission for any medical records pertaining to the health of the above named student to be made available necessary to the proper school district personnel and appropriate care providers, including emergency medical personnel.

PARENT: If there is any question that this student may not be qualified for athletic competition without, at least, a partial re-evaluation, contact your medical advisor before signing card.

Signature of Parent

_____/____/____
Date

ELMBROOK SCHOOLS – MEDICAL CONSENT FORM

Athlete _____ Sport _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the above named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

In the event that any emergency arises during a practice session, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the athletic trainer to provide the needed emergency treatment to the athlete prior to his admission to the medical facilities. I further grant permission for the Emergency Medical facility to release any necessary medical information pertaining to my son's/daughter's injury/illness to the attending athletic trainer.

Signature of Parent

_____/____/____
Date

Allergies _____

Routine Medications _____

Family Physician _____ Phone _____

Phone #'s where parents can be reached: HOME: _____ WORK: _____ Other: _____