WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION ALTERNATE YEAR ATHLETIC PERMIT CARD

Physical Date	SCI	HOOL YEAR 20 20		
NAME		GRADE	DATE OF BIRTH	
Last	First	Middle Initial		
Present Address			Telephone	-
Parents' Place of Employment				
Family Physician		Family Dentist		
Name of Private Insurance Carrier			Telephone	
I hereby give my permission for the control of the fact that the at presents of the fact that the at presents of the control of the cont	ne above named student to practi ove named student has had no in he Health Insurance Portability ar udent named above, including en essential medical information rec or Trainer, Team Physician, Team et d injury record-keeping.	ce and compete and represent the school in WIAA njury or illness serious enough to warrant a medica did Accountability Act of 1996 and the regulations p nergency medical personnel and other similarly tra garding the injury and treatment of this student to Coach, Administrative Assistant to the Athletic Dire and prescribed medication be made available. d for athletic competition without, at least, a partial	i evaluation prior to participating this school year comulgated thereunder (collectively known as "hined professionals that may be attending an inte appropriate school district personnel such as b ctor and/or other professional health care provid-	precholastic even out not limited to ers, for purposes
SIGNATURE OF PARENT		D	ATE	_
ALL STUDENTS PARTICIPATING IN	INTERSCHOLASTIC ATHLETICS A	JUST HAVE THIS ALTERNATE YEAR CARD ON FILE	AT THEIR SCHOOL PRIOR TO PRACTICE OR PAR	ITICIPATION