WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION ALTERNATE YEAR ATHLETIC PERMIT CARD

School Year 20	20
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Physical Da	ate		_				
Name			(Grade	Date of Birth		
Last		First	Middle Initial				
Present Ad	dress				Telephone		
Parents' Pla	ace of Employm	nent					
Family Phy	Family Physician Family Dentist						
Name of Private Insurance Carrier Telephone							
Subscriber Member Name (Primary Insured)							
school i 2. I also at warrant 3. Pursuar regulation of the street profession medical personr Team Coprovider 4. It is recovariable PARENT: I	n WIAA approventest to the fact to a medical evaluate to the required ons promulgated tudent named a fonals that may information reguel such as but recoach, Administrations, for purposes ommended that e. If there is any questes to the such a such	ed sports. hat the above attion prior to the defended thereunded bove, included the attending arding the interestion that the defended to the attive Assistion of treatments information that the defended the defend	ve named student to participating this e Health Insurance or (collectively knowing emergency man interscholasting pan interscholasting and treatments: Principal, Athlet ant to the Athletic t, emergency care regarding your characterists.	has had restricted has had restricted has had restricted has "HIF edical person or of this solic Director and injurally's allergent be quant	ty and Accountability Act of 1996 and the PAA"), I authorize health care providers sonnel and other similarly trained practice, to disclose/exchange essential student to appropriate school district r, Athletic Trainer, Team Physician, and/or other professional health care by record-keeping. Gies and prescribed medication be made alified for athletic competition without, at		
Signature of	of Parent				Date		

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS ALTERNATE YEAR CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION.