

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION - ALTERNATE YEAR ATHLETIC PERMIT CARD

SCHOOL YEAR _____

Last Physical Date _____

NAME (Last) _____ (First) _____ (Middle Initial) _____

Grade _____ Age _____ Date of Birth _____

Present Address _____ Telephone _____

Parent's Place of Employment _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____ Phone _____

Subscriber Member Name (Primary Insured) _____

1. I hereby give my permission to the above named student to practice and compete and represent the school in WIA 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. Pursuant to the requirements of the Health Insurance Portability & Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director, and/or other professional healthcare providers, for purposes of treatment, emergency care and injury record-keeping.
4. It is recommended that information regarding your child's allergies and prescribed medication be made available.

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/GUARDIAN _____ **DATE** _____

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