WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION ALTERNATE YEAR ATHLETIC PERMIT CARD

Physical Date		SC	CHOOL YEAR 20	- 20	
NAME				GRADE	DATE OF BIRTH
La		First	Middle Initial		
Present Address					Telephone
Parents' Place of Em	ployment				
Family Physician				Family Dentist	
Name of Private Insu	rance Carrier				Telephone
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SIGNATURE OF PAREN	Т				DATE
					E AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION
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Physical Date			ATHLETIC ASSOCIATION CHOOL YEAR 20		EAR ATHLETIC PERMIT CARD
NAME			Middle Initial	GRADE	DATE OF BIRTH
La	st	First	Middle Initial		
Present Address					Telephone
Parents' Place of Em	ployment				
Family Physician				Family Dentist	
Name of Private Insu	rance Carrier				Telephone
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Physical Date			ATHLETIC ASSOCIATION		EAR ATHLETIC PERMIT CARD
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NAME	st	First	Middle Initial	GRADE	DATE OF BIRTH
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Subscriber Member					
I hereby give my I also attest to the ize health care por practice, to derincipal, Athletion treatment, em	r permission for the above requirements of the H providers of the studer isclose/exchange ess c Director, Athletic Tra lergency care and inju	pove named student to pract named student has had no i lealth Insurance Portability a nt named above, including enential medical information re infer, Team Physician, Team urv record-keeping.	and Accountability Act of 1996 mergency medical personnel egarding the injury and treatn Coach, Administrative Assista	th to warrant a medi and the regulations and other similarly t nent of this student ant to the Athletic Di	AA approved sports. cal evaluation prior to participating this school year. promulgated thereunder (collectively known as "HIPAA"), I authoralined professionals that may be attending an interscholastic event appropriate school district personnel such as but not limited to rector and/or other professional health care providers, for purposes al re-evaluation, contact your medical advisor before signing card.
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