WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION ALTERNATE YEAR ATHLETIC PERMIT CARD

Physical Date		SCHOOL YEAR 20		
NAME			GRADE	DATE OF BIRTH
Last	First	Middle Initial		
Present Address				Telephone
Parents' Place of Emplo	pyment			
Family Physician		F	amily Dentist	
Name of Private Insura	nce Carrier			Telephone
I hereby give my pe I also attest to the f Pursuant to the req ize health care provor practice, to discleringlal. Athletic D of treatment, emerg It is recommended PARENT: If there is an	ermission for the above named studer act that the above named student ha uirrements of the Health Insurance Poiders of the student named above, in ose/exchange essential medical inforector, Athletic Trainer, Team Physici rector, are and injury record-keeping, that information regarding your child's y question that this student may not	ortability and Accountability Act of 1998 a riccluding emergency medical personnel an rimation regarding the injury and treatmentian, Team Coach, Administrative Assistant s sallergies and prescribed medication be	the school in WIA to warrant a medic of the regulations of other similarly tr to f this student t to the Athletic Dir made available. ut. at least, a partia	
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ALL STUDENTS PAR	HOLEATING IN INTERPOUNDING HI	UTELICO MOST HAVE THIS ACTERIVATE A	EAN GAND DIV FILE	E AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION