WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION ALTERNATE YEAR ATHLETIC PERMIT CARD

Physical Date		_			
			Grade	Date of Birth	
Last	First	Middle Initial			
Present Address				Telephone	
Parents' Place of Em	ployment				
Family Physician		Fa	mily Dentist		
Name of Private Insu	rance Carrier			Telephone	
Subscriber Member N	Name (Primary Ins	sured)			
school in WIAA ap 2. I also attest to the warrant a medical 3. Pursuant to the re regulations promu of the student nan professionals that medical informatic personnel such as Team Coach, Adn providers, for purp 4. It is recommended available.	proved sports. fact that the above evaluation prior to quirements of the algated thereunder may be attending on regarding the instrative Assistationses of treatments of that information any question that the above that the algorithm of the algorithm.	ve named studer o participating the Health Insurance or (collectively known ing emergency reprincipal, Athletant to the Athletant to the Athletant student may	nt has had not has school ye be Portability own as "HIP medical persectic event or pertic Director, ic Director are and injury child's allerging not be quali-	and Accountability Act of 1996 and the AA"), I authorize health care providers onnel and other similarly trained practice, to disclose/exchange essential udent to appropriate school district Athletic Trainer, Team Physician, and/or other professional health care record-keeping. The see and prescribed medication be made affied for athletic competition without, at	
Signature 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.