WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION (WIAA)

SHORELAND LUTHERAN HIGH SCHOOL

MAILING ADDRESS: ATTENTION Athletic Department 9026 12th Street, Kenosha, WI 53144

ALTERNATE YEAR ATHLETIC PERMISSION FORM

2023-2024 SCHOOL YEAR

		2020 202 : 0011	002 12/11	
DAT	TE OF LAST PHYSICAL	/ / Mo Day Year	DATE OF BIRTH	/ / Mo Day Year
NAN	ИE			GRADE
	Last	First	Middle Initial	
Pres	sent Address		Telephone	
			PARENT EMAIL	
City	State	e Zip		
Pare	ent/Guardian Place of Empl	oyment		
Fan	nily Physician	Fam	nily Dentist	
Nan	ne of Private Insurance Carı	rier	Telephone	e
Sub	scriber Member Name (Prin	nary Insured)		
1.	I hereby give my permission for the above-named student to practice and compete and represent the school in WIAA 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 and Portability and Accountability Act of 1996 and the regulations promulgated there under (collectively known as "HIPPA"), 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 of 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 health care 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.			

SIGNATURE OF PARENT/GUARDIAN _____

____ DATE ____

Parent/Guardian: 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 form.