WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION ALTERNATE YEAR ATHLETIC PERMIT CARD SCHOOL YEAR 20______- - 20______

rnysical Dale					
NAME			GRADE	DATE OF BIRTH	
ı	.ast	First	Middle Initial		
Present Address _				Telephone	
Parents' Place of E	mployment				
Family Physician _			Family Dentist		
Name of Private In	surance Carrier			Telephone	
I also attest to Pursuant to the ize health care or practice, to Principal, Athle of treatment, etc. It is recommet.	the fact that the above ne e requirements of the Heas providers of the student disclose/exchange essen tic Director, Athletic Train- mergency care and injury ided that information rega	med student has had no i lith Insurance Portability a named above, including er tial medical information re rr, Team Physician, Team record-keeping. rding your child's allergies	nd Accountability Act of 1996 and the regulation nergency medical personnel and other similar garding the injury and treatment of this stude Coach, Administrative Assistant to the Athletic and prescribed medication be made available	sdicat evaluation prior to participating this school year. one promulgated thereunder (collectively known as "HIPAA"), i author- y trained professionals that may be attending an interscholastic event nt to appropriate school district personnel such as but not limited to: Director and/or other professional health care providers, for purposes	
SIGNATURE OF PARENT				DATE	
ALL OTUDENTO	DADTICIDATING IN INTER	COLIOI ACTIC ATLILETICS I	MICT HAVE THE ALTERNATE VEAD CARD ON	EILE AT THEIR COURDLE DRIOD TO DRACTICE OR DARTICIDATION	