Monroe School District Use Only

ALTERNATE YEAR ATHLETIC PERMIT CARD WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION

SCHOOL YEAR 20 20		
NAME		
Last GRADE DATE OF	First	Middle Initial
Present Address	Tele	ohone
Parents' Place of Employment		
Family Physician		
Family Dentist		
Name of Private Insurance Carrier	Т	elephone
Subscriber Member Name (Primary Insu	ured)	
1. I hereby give my permission for the above school in WIAA approved sports. 2. I also at or illness serious enough to warrant a medic to the requirements of the Health Insurance promulgated thereunder (collectively known anamed above, including emergency medical attending an interscholastic event or practice the injury and treatment of this student to ap Principal, Athletic Director, Athletic Trainer, Athletic Director and/or other professional he and injury record-keeping. 4. It is recomment prescribed medication be made available. Paqualified for athletic competition without, at I before signing card.	ttest to the fact that the above all evaluation prior to participal Portability and Accountability as "HIPAA"), I authorize head personnel and other similarly e, to disclose/exchange essempropriate school district personal Physician, Team Coacealth care providers, for purpoded that information regardin ARENT: If there is any quest	ve named student has had no injury ating this school year. 3. Pursuant y Act of 1996 and the regulations lith care providers of the student y trained professionals that may be ential medical information regarding connel such as but not limited to: ch, Administrative Assistant to the oses of treatment, emergency care g your child's allergies and ion that this student may not be
Olamakana af Danau ti		Date

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS ALTERNATE YEAR CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION