

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION - ATHLETIC PERMIT CARD (Print or Type)

- 1. Examination taken after April 1 is good for the following TWO SCHOOL YEARS.
2. Examination taken before April 1 is good for the remainder of that SCHOOL YEAR and the following SCHOOL YEAR

NAME _____ GRAD. YEAR _____ DATE OF BIRTH _____
Last First Middle Initial
Grade _____ Age _____ Sex _____ Student # _____ School _____

The above named student has been examined and there are no apparent contraindications to participating in interscholastic athletic activities except as follows: Sports or school activities in which this student cannot participate are (if none - write NONE)

SIGNATURE OF LICENSED PHYSICIAN* _____ or APNP: _____
Address _____ Zip _____
Phone _____ DATE OF EXAMINATION _____

* Physicians may authorize Nurse Practitioners or Physician Assistants to stamp this card with the physician's signature or the name of the clinic with which the physician is affiliated.

Current Address _____ Zip _____ Phone _____
Parents' Place of Employment _____
Family Physician _____ Family Dentist _____
Name of Private Insurance Carrier _____
Policy Numbers and Address _____

- 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 further grant permission for any medical records pertaining to the health of the above named student be made available as necessary to the proper school district personnel and appropriate health care providers, including emergency medical personnel.
3. It is recommended that information regarding your child's allergies and prescribed medication be made available.

(Signature of Parent) _____ DATE _____

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION (see over for District Waiver card)

Racine Unified Athletic Code-Rules-Policies-Procedures

Pertinent health issues, allergies, medications that you wish to voluntarily share with your child's coach should be indicated on the yellow athletic emergency card. You must notify the school in writing if there is a change or cancellation of medication, and you further agree to comply with the RUSD policy regarding medication administration. School district employees who obtain information from a student's health-care record must keep the information confidential and may not disclose identifying information about any child whose patient health-care records are released.

WIAA Green cards cannot be forwarded to other schools unless the Authorization for Exchange of Health or Education Information (HIPAA Compliant) form has been completed.

We have received, read, and understand the Racine Unified School District and WIAA's eligibility, rules, transfer, concussion and medication information, Parent/Student Athletic Handbook & Code of Conduct. We understand that all athletes are expected to abide by these rules, policies, and procedures, and those individual team policies presented by the coaches and will be subject to penalty if found in violation.

Athletes are responsible for proper care of uniforms and equipment and parents will be held financially responsible for damaged or missing uniforms and equipment. Students may not participate further until this responsibility is met.

User Fees will not be refunded for any reason other than being cut from the sport. Refunds must be requested from the Activities Office.

Insurance Waiver

To Parents: One of the requirements for participation in interscholastic athletics is that every athlete be insured against injury. For this purpose the school district makes available standard insurance through the Student Assurance Services. A boy or girl who is already adequately insured by his/her family may be allowed to participate only if one of the parents waives the required insurance offered through the school. Your signature on this form constitutes such a waiver and signifies your son or daughter does have accident insurance coverage for the dates of participation. It is further understood that the school district does not assume any liability for health and accident expenses and such responsibility will be that of the parent or guardian.

WE HAVE READ AND UNDERSTAND ALL OF THE ABOVE.

Parent/Guardian Signature _____ Student Signature _____
Date _____ Insurance Company _____