NAME				GRADE	DATE OF BIRTH
X -	Last	First	Middle Initial		
Present Addre	ess				Telephone
Parents' Plac	e of Employment				
Family Physic	cian		Fa	amily Dentist	
Name of Priva	ate Insurance Carrier				Telephone
I hereby I also att Pursuan ize healt or practi Principal of treatments	est to the fact that the a t to the requirements of h care providers of the ce, to disclose/exchang , Athletic Director, Athle	the above named student to practice bove named student has had no injuit the Health Insurance Portability and student named above, including emer e essential medical information regar lic Trainer, Team Physician, Team Cou-	ry or illness serious enough to Accountability Act of 1996 an gency medical personnel and ding the injury and treatmen ach, Administrative Assistant	o warrant a m d the regulation d other similar t of this stude to the Athletic	WIAA approved sports. edical evaluation prior to participating this school year. ons promulgated thereunder (collectively known as "HIPAA"), I author ty trained professionals that may be attending an interscholastic eve ent to appropriate school district personnel such as but not limited in Director and/or other professional health care providers, for purposes. artial re-evaluation, contact your medical advisor before signing care
	PARENT				DATE
	ENTS PARTICIPATING II	N INTERSCHÖLASTIC ATHLETICS MUS Brooke Tan			FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION
hysical Dat	wi500	00110	OL YEAR 20 2		YEAR ATHLETIC PERMIT CARD
IAME		First		GRADE _	DATE OF BIRTH
					Telephone
arents' Place	of Employment				
amily Physic	ian		Fa	mily Dentist	
lame of Priva	ate Insurance Carrier				Telephone
2. I also att 3. Pursuant ize healt or practic Principal of treatm 4. It is reco	est to the fact that the a to the requirements of n care providers of the s ce, to disclose/exchange Athletic Director, Athlete ent, emergency care ar mmended that informati there is any question the	bove named student has had no injur the Health Insurance Portability and A student named above, including emer e essential medical information regar ic Trainer, Team Physician, Team Cos id injury record-keeping. on regarding your child's allergies and this student may not be qualified for	y or illness serious enough to Accountability Act of 1996 an gency medical personnel and ding the injury and treatmen ach, Administrative Assistant of prescribed medication be more athletic competition without	o warrant a mod the regulation of the similar to this stude to the Athletic nade available to the atleast as the students.	WIAA approved sports. edical evaluation prior to participating this school year. ons promulgated thereunder (collectively known as "HIPAA"), I autho by trained professionals that may be attending an interscholastic ever int to appropriate school district personnel such as but not limited to Director and/or other professional health care providers, for purpose artial re-evaluation, contact your medical advisor before signing card
			r ametic competition without	i, at least, a p	
ALL STUD	PARENT		TANCK — A	ar card on th letic	DATE FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION Director
hysical Dat		NSIN INTERSCHOLASTIC ATH		LTERNATE	YEAR ATHLETIC PERMIT CARD
VAME				GRADE_	DATE OF BIRTH
	Last	First	Middle Initial		
resent Addre	ess				Telephone
'arents' Place	e of Employment				
amily Physic	ian		Fa	mily Dentist	
Name of Private Insurance Carrier			Telephone		
1. I hereby 2. I also att 3. Pursuani ize healt or pracipal	ember Name (Primary give my permission for est to the fact that the a to the requirements of n care providers of the ce, to disclose/exchang, Athletic Director, Athleted	the above named student to practice bove named student has had no injur the Health Insurance Portability and student named above, including emerge essential medical information regar its Trainer, Team Physician, Team Coa	and compete and represent to yor illness serious enough to Accountability Act of 1996 an elegancy medical personnel and ding the injury and treatmentach, Administrative Assistant	the school in No warrant a mod the regulation of the similar tof this studento the Athletic	
		W INTERCOLLON ACTION AT IN ETIMO AND			
ALL STUD	ENTS PARTICIPATING I	NUMBER SCHOLASTIC ATHLETICS MUS	CL HAVE THIS ALTERNATE VE	AR CARD ON	FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS ALTERNATE YEAR CARD ON FILE AT THEIR SCHOOL RECTANGE TO Brooke Tanck, Athletic Director.