

2023-24 School Year
WIAA ALTERNATE YEAR ATHLETIC PERMIT CARD
PERMISSION FORM

Student Name: _____

Grade: _____

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 Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as “HIPAA”), 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 or 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.

PARENT: 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 card.

I certify that I have read, understand, and agree to abide by all of the information contained in the concussion form, alternate year form, co-curricular code, falsification of information, and use of student image. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement. A parent/guardian and student signature must be completed prior to practice or participation. Please check that you are aware of all information and turned in physical form and sports fee if needed.

Co-curricular code
I understand code

Use of student image
I understand picture may be used

Cardiac Arrest
I understand symptoms and warning signs (fainting/blackouts, dizziness, fatigue/weakness, chest pain, shortness of breath, nausea/vomiting, palpitations – heart is beating unusually fast or skipping beats)

Concussion information
I understand signs of concussion (headache, sensitivity to light, feeling foggy, dazed or stunned appearance, change in level of consciousness or awareness, confused, clumsy, answer more slowly than usual, unsure of score/game/opponent, forgets plays, behavior changes, asks repetitive questions)

Physical form (if needed)

Parent/Guardian Signature: _____ **Date** _____

Student Signature: _____ **Date** _____