## ■ PREPARTICIPATION PHYSICAL EVALUATION

## **MEDICAL ELIGIBILITY FORM**

SIGNATURE OF PARENT/GUARDIAN \_

## WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION - ATHLETIC PERMIT CARD

(Print or Type)

NAME (Last)		(First)	(Middle Initial) _	Date of Birth
Age Sex assigned at birth (F, M or intersex)	Grade	School	City _	
resent Address			Teleph	none
Medically eligible for all sports without restriction				- wille
Medically eligible for all sports without restriction	with recommend	dations for further evaluation or	treatment of	eduire
			46 19	
Medically eligible for certain sports		his pa	cord	S.
	1-1-7		466	
Not medically eligible pending further evaluation		100	10	
Not medically eligible for any sports		-NO		
ecommendations:	15			
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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.

DATE \_