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
Present Address		Telephone
Medically eligible for all sports without restriction		
Medically eligible for all sports without restriction with re	ecommendations for further evaluation or	treatment of
Medically eligible for certain sports		
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☐ Not medically eligible pending further evaluation		
Not medically eligible for any sports		
ecommendations:		
onditions arise after the athlete has been cleared for partic letely explained to the athlete (and parents/guardians).	cipation, the physician may rescind the med	ne athlete does not have apparent clinical contraindications to praction my office and can be made available to the school at the request of dical eligiblity until the problem is resolved and the potential consequence.
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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