

Providence Academy
Wisconsin Interscholastic Athletic Association
Physical Examination Year Card

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 _____
Last First Middle Initial
Grade _____ Age _____ Sex _____
School _____ City _____

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

SIGNATURE OF LICENSED PHYSICIAN OR ADVANCED PRACTICE NURSE PRESCRIBER

Address _____
City, State, and Zip _____
Telephone _____ **Date of Examination** _____

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION.

Student's Date of Birth _____
Present Address _____ Telephone _____
Parent's Place of Employment _____
Family Physician _____ Family Dentist _____
Name of Private Insurance Carrier _____
Policy Number and Address _____

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved interscholastic sports except those restricted on this card.
2. I further grant my permission for any medical records pertaining to the health of the above named student be made available as necessary to the proper school district personal and appropriate health care provider, including emergency medical personal.
3. I give permission for the above named student to be evaluated and treated by the Certified Athletic Trainer for injuries incurred during Providence Academy athletic participation. I further permit the Certified Athletic Trainer to discuss the injuries with appropriate medical and school district personnel.
4. I have received forms that include rules, regulations, and policies regarding participation in Interscholastic Athletics. I am aware of the results of any violation of the athletic code.
5. I understand Providence Academy does not provide accident, medical, or dental insurance for student athletes. Providence Academy encourages all parents or guardians to provide adequate accident, medical, or dental insurance for their children.
6. I certify that the High School Athletic Eligibility Information Bulletin has been given to me and that extra copies are available in the office. I certify that I have read, understand, and agree to abide by all of the information contained in this bulletin. 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.

_____ **Date** _____

(Signature of Parent/Guardian)

(Signature of Student/Athlete)