# WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION
# PHYSICAL EXAMINATION YEAR CARD

Last Name First Name Grade

1 Examination taken **on or 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_____Luther High School_____ City_____Onalaska_____

The above named student has been examined and there are no apparent contradictions to participating 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 SURGEON**_____
Address_____
City and State _____
Telephone_____ **Date of Examination**_____

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTICS 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 personnel and appropriate health care providers, including emergency medical personnel.

**3. I have received the Activities/Athletic Handbook of Luther High School which includes rules, regulations, and policies. I AM AWARE OF THE RESULTS OF ANY VIOLATION OF THE ACTIVITIES/ATHLETIC CODE.**

4. I certify that the above named student has ☐ injury/medical insurance
☐ dental insurance

_____ **Date** _____
**(Signature of Parent/Guardian)**

_____
**(Signature of Student/Athlete)**