■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

SIGNATURE OF PARENT/GUARDIAN _

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION - ATHLETIC PERMIT CARD

(Print or Type)

VAIVIL (Last)	(First)	(Middle Initial)	Date of Birth	
Age Sex assigned at birth (F, M or intersex) Grade				
Present Address		Telepho	Telephone	
■ Medically eligible for all sports without restriction				
■ Medically eligible for all sports without restriction with recomme	ndations for further evaluation o	r treatment of		
1 Medically eligible for certain sports				
I Not medically eligible pending further evaluation				
☐ Not medically eligible for any sports				
Recommendations:				
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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 _