

MUSKEGO MIDDLE SCHOOL ATHLETIC PERMIT CARD – AUXILIARY
SCHOOL YEAR 20__ - 20 __

NAME _____ GRADE _____ DATE OF BIRTH _____
 Last First Middle Initial

Parent's Name and Place of Employment _____ Telephone _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____ Policy # _____

Insurance Carrier Address _____

1. I hereby give my permission for the above named student to practice and compete and represent the school in approved interscholastic sports.
2. I also attest to the fact that the above named student has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.
3. I further grant 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.
4. It is recommended that information regarding your child's allergies and prescribed medications be made available.

We understand that participation in co-curricular activities provided by Muskego-Norway School District may result in injury, some of which could be serious, including permanent, paraplegia, and death. Participants hold the responsibility to perform only approved, safe techniques in practices and games.

We authorize consent for communication between the athlete, parents, Muskego-Norway School District representative, Aurora Sports Medicine Institute representative or any healthcare provider to discuss any pertinent information in regards to current or previous medical conditions.

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Name: _____

Last
First

We further authorize the Muskego-Norway School District representative, or Aurora Sports Medicine Institute representative to take any necessary action, if appropriate, in the case of an emergency. We further authorize transportation by Emergency Medical Service Personnel to an Emergency Management Facility (Hospital) and the EMF to treat the condition in the event that we are physically unable to give consent ourselves. I also give permission of Aurora Sports Medicine Institute representatives to perform any necessary evaluative procedures and follow-up treatment of injuries sustained through participation in athletics.

Having been cautioned and warned, we fully understand and agree to the participation of below named athlete in co-curricular activities under the conditions described on this card. Furthermore, we release the Muskego-Norway School District, the members of the Muskego-Norway School Board, and their respective employees and agents from any liability and claims for injury or illness that may occur during participation in any practice and/or event which is in any way related to the co-curricular activity. We further understand that the Muskego-Norway School District does not provide health insurance on behalf of participants in such co-curricular activities, and that the responsibility for medical coverage for any injury or illness sustained as a result of participation in such co-curricular activities does not lie with the District. We understand that this release will apply to myself, and personal representatives, heirs, and assigns and will remain in effect for 1 year from the date below.

Date _____ Signature of Parent/Guardian _____

Date _____ Signature of Athlete/Participant _____

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