

MUSKEGO MIDDLE SCHOOL ATHLETIC CARD – INITIAL
YEAR 20__ - 20__

1. This exam is valid until eighth grade graduation.
2. ALL students participating in interscholastic athletics MUST have either their physical exam information OR their alternate year information on file at their school **PRIOR TO PRACTICE OR PARTICIPATION.**

NAME _____
Last First Middle Initial

Grade _____ Age _____ Sex _____

School _____

The above named student has been examined and there are no apparent contradictions to participating in interscholastic athletic activities except as follows:

Sports or school activities in which this student cannot participate are (if none – write NONE) _____

Allergies _____

Last Tetanus Shot _____ Date of Exam _____

SIGNATURE OF LICENSED PHYSICIAN* _____

Address _____

City and State _____ Telephone _____

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

* Physicians may authorize Nurse Practitioners or Physician Assistants to stamp this care with the physician’s signature, or the name of the clinic with which the physician is affiliated.

MUSKEGO MIDDLE SCHOOL ATHLETIC CARD – INITIAL

NAME _____ DATE OF BIRTH _____
Last First Middle Initial

Present Address: _____ Telephone: _____

Parent’s Address: _____ Telephone: _____

Place of Employment: _____ Work Telephone: _____

Family Physician: _____ Family Dentist: _____

Name of Private Insurance Carrier: _____ Policy # _____

1. I hereby give my permission for the above named student to practice and compete and represent the school in approved interscholastic sports except those restricted on this card.
2. 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.
3. It is recommended that information regarding your child’s allergies and prescribed medications be made available.
4. 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.
5. 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.
6. 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 for 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 _____