

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION  
PHYSICAL EXAM INFORMATION  
LAKE DENOON MIDDLE SCHOOL

1. Examination **must take place after April 1 of the student's 4<sup>th</sup> grade year.**
2. Examination is valid until graduation from 8<sup>th</sup> grade.
3. 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 \_\_\_\_\_ Gender \_\_\_\_\_  
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 card with the physician's signature, or the name of the clinic with which the physician is affiliated.**

Forms/PHYSICAL

4/20/14

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION  
PHYSICAL EXAM ATHLETIC PERMIT CARD  
LAKE DENOON MIDDLE SCHOOL

GRADUATION YEAR \_\_\_\_\_

SPORT/ACTIVITY \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
Last First M.I.

Present Address \_\_\_\_\_ Telephone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Telephone \_\_\_\_\_

Family Physician \_\_\_\_\_ Family Dentist \_\_\_\_\_

Name of Private Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Legal Waiver Release

1. I give my permission for the above named student to practice, compete and represent the school in WIAA and/or approved interscholastic sports except those restricted on this card.
2. I grant permission for any medical records pertaining to the health of the above named student to 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 authorize consent 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, perform necessary evaluative procedures and secure treatment of injuries or medical conditions sustained through participation.
5. We further authorize the Muskego-Norway School District representative or Aurora Sports Medicine Institute representative to take any necessary action in the case of an emergency. We further authorize transportation by Emergency Medical Personnel to an Emergency Management Facility and the EMF to treat the condition in the event that we are physically unable to give consent ourselves.
6. We understand that participation in co-curricular activities provided by Muskego-Norway School District may result in injury, some of which could **result in catastrophic outcomes**, including, but not limited to; concussion, permanent paraplegia, and death. Participants hold the responsibility to perform only approved safe techniques in practices and games.
7. Participant(s)/Parent(s)/Guardian(s) have been educated on the signs, symptoms and care of concussions and agree to abide by MNSD concussion protocols.
8. We accept all risks associated with participation while using our facilities or services.

It is the student's responsibility to read and follow all WIAA rules of eligibility. These rules are posted on the MNSD website.

Having been cautioned and warned, we sign this document voluntarily, intelligently and with full knowledge of its legal consequences. Furthermore, we release the Muskego-Norway School District, the members of the Muskego-Norway School Board, and their respective employees and agents and Aurora Sports Medicine Institute Representatives from any liability and/or claims of negligence 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 responsibility for medical coverage for any injury or illness sustained as a result of participation does not lie with the District. We understand that this release will apply to me, personal representatives, heirs, and assigns.

Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of Athlete/Participant \_\_\_\_\_