

ALTERNATE YEAR CARD

Please note: A physical exam taken April 1 and thereafter is valid for the following two school years. A physical exam taken before April 1 is valid only for the remainder of that school year and the following school year.

STEP 1

ALTERNATE YEAR CARD

Parents/Guardians: Fill out an Alternate Year Card and sign it.

STEP 2

WIAA ATHLETIC CODE/CADOTT ATHLETIC CODE, CONCUSSION FORM & IMPACT FORM

Parents/Guardians/Athletes: On the last page of the WIAA Athletic Code and the Cadott Athletic Code is a form that needs to be signed by the parent/guardian and the athlete verifying that you have read each handbook.

These forms can only be filled out at the beginning of practice

Parents/Guardians/Athletes: On the first and second pages of the Parent/Athlete Concussion Form please fill out and sign indicating that you have read the concussion information. In addition fill out and sign an Impact Form (if needed).

STEP 3

TURN IN ALL FORMS INTO THE JR/SR HIGH OFFICE

Turn in the following forms into the Jr/Sr High Office:

- Alternate Year Card
- The last page of the WIAA Athletic Code
- The last page of the Cadott Athletic Code

These forms can only be done at the beginning of practice:

- The first and second pages of the Parent/Athlete Concussion Form
- Impact Form (if needed)

PLEASE NOTE: A student is not allowed to practice/participate until all forms (Alternate Year Card, WIAA Athletic Code, Cadott Athletic Code, Parent/Athlete Concussion Form, Impact Form-if needed) are turned into the Jr/Sr High Office.

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION ALTERNATE YEAR ATHLETIC PERMIT CARD

Physical Date _____ SCHOOL YEAR 20____ - 20____

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

Present Address _____ Telephone _____

Parents' Place of Employment _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____ Telephone _____

Subscriber Member Name (Primary Insured) _____

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved 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. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care 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.
 4. It is recommended that information regarding your child's allergies and prescribed medication be made available.
- PARENT: If there is any question that this student may not be qualified for athletic competition without, at least, a partial re-evaluation, contact your medical advisor before signing card.

SIGNATURE OF PARENT _____ DATE _____

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