

Greenfield Middle School



3200 West Barnard Avenue, Greenfield, Wisconsin 53221 ■ Phone: 414-282-4700 ■ FAX: 414-282-1017

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION – ALTERNATE YEAR ATHLETIC PERMIT

SCHOOL YEAR _____

**ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE
A PHYSICAL FORM ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION.**

TO BE FILLED OUT BY PARENT/GUARDIAN: (Please print or type)

STUDENT NAME (last): _____ (first) _____ (Middle Initial) _____

Date of Physical: _____ Grade: _____ Date of birth: _____

Present Address: _____ Telephone: _____

Parent's Place of Employment: _____

Family Physician: _____ Family Dentist: _____

Subscriber Member Name (Primary Insured): _____

Name of Private Insurance Carrier: _____ Telephone: _____

Policy Number(s) and Address: _____

1. I hereby give my permission for the above named student to practice, 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. 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 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 form.*

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____