

~ **THIS PAGE FOR MS/HS STUDENTS ONLY** ~

IF YOU **DO NOT** NEED A PHYSICAL THIS YEAR ,  
YOU MUST FILL OUT THIS FORM  
BEFORE YOU CAN PARTICIPATE IN SPORTS PRACTICE OR GAMES.

IF YOU **HAD** A PHYSICAL THIS YEAR,  
YOU DO NOT NEED TO FILL OUT THIS FORM.

CALL THE HIGH SCHOOL OFFICE AT 715-946-3158  
IF YOU ARE NOT SURE IF YOU NEED A PHYSICAL THIS YEAR.

### ALTERNATE YEAR ATHLETIC PERMISSION

Student Name \_\_\_\_\_ Physical Date \_\_\_\_\_

Student Name \_\_\_\_\_ Physical Date \_\_\_\_\_

Student Name \_\_\_\_\_ Physical Date \_\_\_\_\_

Student Name \_\_\_\_\_ Physical Date \_\_\_\_\_

I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved sports.

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.

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.

It is recommended that the 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 this form.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_