

# MENASHA HIGH SCHOOL ATHLETIC INFORMATION CARD

**THIS FORM MUST BE FILED EVERY YEAR BEFORE PARTICIPATION CAN BEGIN IN ANY ATHLETIC PROGRAM.**

1. Examination taken *after April 1* is good for the following **TWO SCHOOL YEARS.**
2. Examination taken *before April 1* is good for the remainder of that **SCHOOL YEAR** and the following **SCHOOL YEAR.**

**ALTERNATE YEAR CARD** – School Year 20 \_\_\_\_\_ -20 \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ GENDER: MALE FEMALE  
Last First M.

SPORT PARTICIPATING IN: \_\_\_\_\_  
FALL WINTER SPRING

DATE of Student's Most Recent Medical Sports Physical Examination: \_\_\_\_\_  
(If unsure, check with the Athletic Office for date on last card on file.)

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

**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 card.

\_\_\_\_\_  
DATE

(Signature of Parent)

## **EMERGENCY INFORMATION**

PARENT NAME \_\_\_\_\_  
LAST FIRST HOME PHONE NUMBER ALTERNATE PHONE NUMBER

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY OR GROUP NO. \_\_\_\_\_

ALLERGIES OR ALLERGIC REACTIONS \_\_\_\_\_

KNOWN SIGNIFICANT MEDICAL CONDITIONS \_\_\_\_\_

**IN CASE OF EMERGENCY, ATTEMPT TO CONTACT A PARENT AT HOME OR AT WORK. IF WE CANNOT BE REACHED, ATTEMPT TO CONTACT THE ALTERNATE LISTED BELOW:**

ALTERNATE NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**PERMISSION IS HEREBY GRANTED TO THE ATTENDING PHYSICIAN TO PROCEED WITH ANY MEDICAL TREATMENT. I UNDERSTAND THAT AN ATTEMPT WILL BE MADE BY THE ATTENDING PHYSICIAN TO CONTACT ME IN THE MOST EXPEDITIOUS WAY POSSIBLE. PERMISSION IS ALSO GRANTED TO THE ATHLETIC TRAINER TO PROVIDE THE NEEDED EMERGENCY TREATMENT TO THE ATHLETE PRIOR TO HIS/HER ADMISSION TO THE MEDICAL FACILITIES.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE

## **INSURANCE**

All students should have adequate Insurance Coverage. Your signature below signifies that you have adequate insurance or will assume the cost of any injuries incurred in participation. The Menasha Joint School District does not sponsor an insurance plan. The school district makes available an insurance plan through a local agency. These forms are located in the Menasha High School Activities Office.

\_\_\_\_\_  
I agree to/understand the above insurance information. Date

