

Office of Catholic Schools - Diocese of Madison
ALTERNATE YEAR ATHLETIC PERMIT CARD

Name _____

Grade _____

Age _____

Date of Birth _____

Place (County and State) _____

Family Physician _____

Family Dentist _____

Name of Private Insurance Carrier _____

Policy Number(s) _____

I hereby give my permission for the above named student to compete and represent his/her school in sports. I further agree to be financially responsible for the safe return of all athletic equipment issued to the student.

I also attest to the fact that the above named student has not been hospitalized or suffered any serious illness or injury since the time of his/her last physical examination.

Note: If the above named student has suffered an injury, illness, or has been hospitalized for any reason since the date of his/her last examination - PLEASE DO NOT SIGN THIS CARD. THIS STUDENT MUST BE RE-EXAMINED.

Another examination card should be obtained from the school.

PARENT: If you are unsure of the seriousness of illness or injury, consult your family doctor.

Signature of Parent or Guardian

Date

ALL BOYS AND GIRLS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE AND/OR PARTICIPATION.

05/05