

**Office of Catholic Schools – Diocese of Madison
ATHLETIC PERMIT CARD**

Name _____
Height _____
Weight _____
Present Address _____
Parents Place of Employment _____
Family Physician _____
Family Dentist _____
Name of Private Insurance Carrier _____
Policy Number (s) _____

I hereby give my permission for the above named student to practice and compete and represent the school in interscholastic sports excepting those restricted on this card as parent (or legal guardian) of the above named student, I agree to be financially responsible for the safe return of all athletic equipment issued to the student. I further grant permission for my son or daughter, named above, to be given immediate emergency care in case of injury as the result of athletic competition by the team or any other physician present.

Signature of Parent or Guardian Date

Although a dental examination is not required as a prerequisite to athletic participation, it is recommended that your son or daughter visit a dentist regularly and that a good program of oral hygiene be maintained.

**Office of Catholic Schools – Diocese of Madison
PHYSICAL EXAMINATION CARD (BOYS & GIRLS)
APPROVAL FOR TWO YEARS OF COMPETITION
EXAMINATION CANNOT BE TAKEN BEFORE MAY 1st
(PRINT OR TYPE)**

Name _____
Date of Birth _____
Place of Birth (County & State) _____
Grade _____
Sex _____
School _____

The above named student has been examined and there are no apparent contradictions to participate in interscholastic athletic activities exception follows: (Sports or school activities in which this student cannot participate are in (if none, write NONE):

If students restricted or disqualified, please indicate reason(s);

Signature of Licensed Physician or Surgeon _____
Address _____
City and State _____
Telephone _____
Date of Examination _____

ALL BOYS AND GIRLS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE AND OR PARTICIPATION Page 16 (5-05)