

KIMBERLY HIGH SCHOOL ATHLETIC INFORMATION CARD

THIS CARD 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**.

NAME _____ GRADE _____ BIRTHDATE _____
Last First M. MM/DD/YYYY

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 of 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.

PARENT/GUARDIAN SIGNATURE  _____
DATE

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 _____

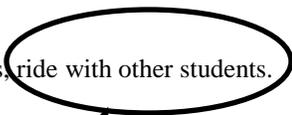
PERMISSION IS HEREBY GRANTED TO THE ATTENDING PHYSICIAN TO PROCEED WITH ANY MEDICAL TREATMENT. I UNDERSTAND THAT AN ATTEMPT WILL BE MADE BY THE ATTENDING PHYSICIAN TO CONTACT ME IN THE MOST EXPEDITIOUS WAY POSSIBLE. PERMISSION IS ALSO GRANTED TO THE ATHLETIC TRAINER TO PROVIDE THE NEEDED EMERGENCY TREATMENT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

PARENT/GUARDIAN SIGNATURE  _____
DATE

KHS TRAVEL RELEASE FORM

Due to the fact that some practice and contest facilities are located off of the Kimberly High School Campus, parental permission is necessary for child's transportation.

This is to certify that _____ is allowed to (please check **only one**):

1. _____ Drive ***only*** themselves
2. _____ Drive themselves; drive other students,  ride with other students.

PARENT/GUARDIAN SIGNATURE  _____
DATE

