

ECASD Middle Schools—Athletic Permit Card



(Print or Type)

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 (Last) _____ (First) _____ (MI) _____
 GRADE _____ AGE _____ SEX: (Circle One) M F SCHOOL: (Circle One) DeLong Northstar South
 CITY _____ STATE _____ ZIP _____

The above named student has been examined and there are no apparent contraindications to participating in interscholastic athletic activities except as follows: _____

Sports or school activities in which this student cannot participate are (if none—write NONE) _____

SIGNATURE OF LICENSED PHYSICIAN*: _____ OR APNP: _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Date of Examination _____

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION

* Physicians may authorize Nurse Practitioners or Physician Assistants to stamp this card with the physician's signature or the name of the clinic with which the physician is affiliated.
 — OVER —

ECASD Middle Schools—Athletic Permit Card



NAME (Last) _____ (First) _____ (MI) _____ Date of Birth _____

Present Address _____ Home Phone _____

Parents' Place of Employment _____

Family Physician _____ Family Dentist _____

Name of Your Medical Insurance Carrier _____

Policy Numbers and Address _____

1. I hereby give my permission for the above named student to practice and compete and represent the school in approved intramural and interscholastic sports except those restricted on this card.
2. 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.
3. It is recommended that information regarding your child's allergies and prescribed medication be made available.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

NOT VALID UNTIL SIGNED