

Office of Catholic Schools-Diocese of Madison
PHYSICAL EXAMINATION CARD (BOYS & GIRLS)
***APPROVAL FOR TWO YEARS OF COMPETITION**
EXAMINATION CANNOT BE TAKEN BEFORE MAY 1
(Print or Type)

Name _____ Date of Birth _____

Place of Birth (County and State) _____ Grade _____ Age _____ Sex _____

School _____ City _____

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) _____

If student is restricted or disqualified, please indicate (reasons(s): _____

• If approved for only one year of competition, check here ☐

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

8/01

Office of Catholic Schools-Diocese of Madison
ATHLETIC PERMIT CARD

Name _____ Height _____ Weight _____

Present Address _____ Telephone _____

Parents Place of Employment _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____

Policy Number(s) _____ Address _____

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 and 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 (him or her). 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 physician 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.

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