

# St. Dennis Athletic Medical Forms

Name \_\_\_\_\_ Grade 4 5 6 7 8 Age \_\_\_\_\_ Sex: F M  
Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth (County and State) \_\_\_\_\_

Please complete **one** of the following sections (A, B or C):

## SECTION A: PHYSICAL EXAMINATION CARD (BOYS & GIRLS)

Instructions: Complete this section if your child **did not** have a physician-signed physical examination card during the

<p>Office of Catholic Schools-Diocese of Madison Physical Examination Card (Boys &amp; Girls) *Approval for two years of competition examination cannot be taken before May 1 (Print or Type)</p> <p>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) _____</p> <p>If student is restricted or disqualified, please indicate reason(s): _____</p> <p>*If approved for one year of competition, check here: Signature of Licensed Physician or Surgeon: _____ Address _____ City and State _____ Telephone ( ) _____ - _____ Date of Examination _____</p>
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previous school year.

## SECTION B: ALTERNATE YEAR ATHLETIC PERMIT CARD

Instructions: Complete this section if your child **did have** a physician-signed physical examination card during the previous school year.

<p>Office of Catholic Schools-Diocese of Madison Alternate Year Athletic Permit Card</p> <p>I hereby give my permission for the above named student to complete and represent his/her school in sports. I further agree to be financially responsible for the safe return of all athletic equipment issued to him-her.</p> <p>I also attest to the fact that the above named student has not been hospitalized or suffered a serious illness or injury since the date of his/her last Physical Examination Card. (IF YOU CANNOT SIGN THIS STATEMENT, THEN THE STUDENT MUST BE RE-EXAMINED- please complete Section A, above.)</p> <p>Parent: If you are unsure of the seriousness of illness or injury, consult with your family doctor.</p> <p>Signature of Parent or Guardian _____ Date _____</p>
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PRIOR TO PRACTICE AND/OR PARTICIPATION.

(2018)

\*\*\*\*\* SEE REVERSE SIDE \*\*\*\*\*

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## SECTION C: TEMPORARY WAIVER FORM

Instructions: Complete this section if your child needs to have a physical examination card completed by their physician but they won't be able to complete that examination before the start of the 2 \_\_\_\_ - 2 \_\_\_\_ Sports Season in which they are participating. **Section A must then be completed by the date indicated in the form, below.**

### Temporary Waiver Form

I hereby give my permission for the above named student to practice until he/she has their Athletic Permit form completed by the physician. The date that the form will be returned by is \_\_\_\_\_. If the form is not turned in by this date, I understand that my child will be unable to practice or compete with St. Dennis Athletics. I understand that I am taking full responsibility for my child to practice or compete with the Athletic program without the completed physician's form.

\_\_\_\_\_  
Athlete's Name

\_\_\_\_\_  
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. (2018)

\*\*\*\*\* SEE REVERSE SIDE \*\*\*\*\*