

WHITEFISH BAY MIDDLE SCHOOL

Athletic Physical Examination/Insurance Waiver Form

This form must be on file in the Middle School office prior to a student participating in school athletics.

Wisconsin Interscholastic Athletic Association –Physical Examination
(Please Print)

Note: Examination taken before April 1 is good for the remainder of that SCHOOL YEAR and the following SCHOOL YEAR. Examinations taken after April 1 will be good for the following TWO SCHOOL YEARS.

STUDENT NAME _____
LAST FIRST

The above named student has been examined and there are no apparent contradictions in 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* _____

Address _____

City and State _____

Telephone _____ **Date of Examination** _____

* Physicians may authorize Nurse Practitioners or Physician Assistants to stamp physicians' signature.

Insurance Waiver

I understand that the School District of Whitefish Bay will make available the opportunity to purchase, on a voluntary basis, Student Group and Athletic Accident Insurance.

I further understand that the School District does not carry medical expense insurance for the benefit of any student who may be injured while participating in athletics and that the School District assumes no responsibility for such medical expense.

I further understand that a student who does not have Athletic Insurance coverage will not be allowed to participate in interscholastic sports unless this statement is signed and filed with the Middle School.

Parent Signature _____ **Date** _____

Grade of Student (please circle): 6th 7th 8th