

**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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