



WAUPACA CHRISTIAN ACADEMY

Physical Examination/Sports Physical

Student Name	Birthdate. / /
Age	Grade
Physician	Phone () -
Address	City
State Zip	Date of Exam. / /

Physician Note: Please refer to the Guide for Athletic Disqualification

Check one:

- ☐ The above-named student has been examined and there are no apparent physical problems that would prevent him/her from participating in school athletic activities.
- ☐ Student is restricted (explain): _____
- ☐ Student is disqualified (explain): _____

Signature of Physician _____

Exams must be dated after May 1. All students must have this card on file in the school office prior to the first practice of any sport.

Athletic Permit Card

Student Name	Birthdate. / / Age
Student Allergies	Grade
Student Address	Student Phone () -
Physician Name	Physician Phone () -
Dentist	Dentist Phone () -
Insurance Carrier	Insurance ID # Insurance Phone () -

I hereby give permission for the above-named student to practice and compete in school athletic events except those restricted by the physician on the above portion of this form. I agree to be financially responsible for the safe return of all athletic equipment issued to him/her. I agree to be financially responsible for all incurred fees associated with athletic activities and will provide prompt payment. I further grant permission for my child to be given emergency care in case of injury as a result of athletic competition.

Parent Name _____

Parent/Guardian Signature _____

Date _____

