



PHYSICAL EXAMINATION FORM-APPROVAL FOR TWO YEARS OF COMPETITION

20__ - 20__ & 20__ - 20__ SCHOOL YEARS

1. Examination taken after April 1st is good for the following **TWO SCHOOL YEARS**.
2. Examination taken before April 1st is good for the remainder of that **SCHOOL YEAR** and the following **SCHOOL YEAR**.

NAME: _____ DATE OF BIRTH: _____ GENDER: _____

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

Signature of Licensed Physician, Advanced Practice Nurse Prescriber

Address: _____ Telephone: _____ Exam Date: _____

PARENTAL AUTHORIZATION FOR PREPARTICIPATION PHYSICAL EXAMINATION

1. I understand that, in accordance with Wisconsin Interscholastic Athletic Association Bylaws and Rules of Eligibility, my child must have a current physical examination on file prior to participation in athletics.
2. I understand that my child's participation in MPS Interscholastic Athletics is voluntary and that it is not required.
3. I understand that MPS is not the performer of the physical evaluation and I explicitly agree to waive any claims against MPS resulting from the physical evaluation.

I have read and understand the information above and hereby give permission for my child to receive a physical evaluation as outlined in this authorization.

Student Name

Parent/Guardian Name

Parent/Guardian Signature

Date

**ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST UPLOAD THIS FORM INTO
THE ONLINE REGISTRATION SYSTEM PRIOR TO PRACTICE OR PARTICIPATION**