



**ATHLETIC PERMIT CARD**

It is required every player have a current athletic permit on file prior to conditioning week. An athletic permit is good for two years from the exact date of exam, not the date of doctor’s signature.

Sport Participating in: Tackle Football –Oak Creek Youth Football

Player: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Player’s Grade for the Upcoming School Year \_\_\_\_\_

School Name \_\_\_\_\_

Parent/Guardian’s Name \_\_\_\_\_

Current Address \_\_\_\_\_

Telephone: \_\_\_\_\_

- Cleared WITHOUT restrictions to play Tackle Football
- Cleared, with Following Qualification(s) \_\_\_\_\_
- NOT Cleared for Tackle Football

I have examined the above-named participant and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in TACKLE FOOTBALL, as referenced above. A copy of the physical exam is on record in my office and can be made available to the league at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians)

Name of Physician (Print/Type) \_\_\_\_\_ DATE OF EXAMINATION \_\_\_\_\_  
SIGNATURE OF LICENSED PHYSICIAN / PA / APNP\*\* \_\_\_\_\_

Address/Clinic \_\_\_\_\_ Telephone: \_\_\_\_\_  
City/State /Zip \_\_\_\_\_

\*\*Physicians may authorize Nurse Practitioners to stamp this card with the Physician’s signature or the name of the clinic with which the physician is affiliated. \*\*

1. I hereby give my permission for the above-named participant to practice, compete and represent OCYF in TACKLE FOOTBALL
2. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as “HIPAA”), I authorize health care providers of the participate name above, including emergency medical personnel and other similarly trained professionals that may be attending a practice or competition, to disclose/exchange essential medical information regarding the injury and treatment of this participate to appropriate OCYF representatives such as but not limited to: Safety Director, President, Vice-President, Head Coach, and/or other professional health care providers, for the purposes of treatment, emergency care and injury record-keeping.
3. It is recommended that information regarding your child’s allergies and prescribed medication be made available and updated, if necessary. Signature Parent/Guardian Date \*\*Only authentic OCYF Athletic Permit Card or WIAA Athletic Permit Card will be accepted. \*\* Athletic permit must be on file prior to equipment handout.. Failure to do so may result in player not being eligible to play for the current season until required form is recieved.