EAB ATHLETICS PHYSICAL HEALTH FORM

American School of Brasilia
Learners Inspiring Learners

- Parents must complete this form and turn into the EAB Athletics Director (jpowell@eabdf.br) prior to any participation on campus.
- This is a mandatory check up that must be completed. Students will not be able to participate without this form completed. No exceptions.
- It is encouraged that you have your Family Doctor complete a more thorough evaluation prior to participation in EAB Athletics.
  - However, this is not mandatory and your completion and signature of this form takes responsibility that your child is physically apt to participate.

STUDENT INFORMATION

FULL Name:			
Home address:	**Birth date:**	**Age:**	**Sex:** ◉ **M** ○ **F**
State:	**ZIP Code:**		
Nationality:	**EAB E-mail:**	**Cell phone:**	

Select identification document:

❑ **RG**	❑ **RNE (For foreigners)**	❑ **Passport (has to be valid)**	❑ **Birth Certificate (only for Brazilians)**

Please inform the identification number of the document chosen above:

IN CASE OF EMERGENCY - GUARDIANS TO COMPLETE

Guardian 1 name:	**Guardian 1 Cell:**	
Guardian 2 name:	**Guardian 2 Cell:**	
In case of emergency please contact (other than guardian/parent):	**Relationship to the Student:**	**Emergency Contact Cell:**
Medical Insurance Plan:	**Reference Number:**	
Family Doctor and Practice:		
Hospital of your preference in case of an emergency:	Phone of Hospital:	

Has your son/daughter tested positive for COVID-19 since the beginning of the 2020-21 school year in August? ○ **Yes** ◉ **No**

If Yes, what was the date? (This information will remain confidential and is for the use of the coaching staff to monitor your child's return to sport.

Positive Test Date (MM/DD/YYYY):

Any other details? (optional)

Please list any specific information or instructions, which would be beneficial for the Doctor, Athletics Director, Coaching Staff and Health Unit to have:

MEDICAL TREATMENT / PARTICIPATION CONSENT - GUARDIANS TO COMPLETE

We, the guardians, hereby grant permission to the school, represented by the Health Unit and Athletics Director, to use his/her best judgment should our child need emergency medical care and to contact our family physician if we cannot be reached.

We give consent to our child to participate in EAB Athletics and confirm his/her physical health status is apt to participate. We will not hold liable the school for any forthcoming or preexisiting injuries.

We understand that it is our responsibility to notify the EAB Athletics Director in case any information provided on the attached form should need to be updated.

_____ _____

Parent Signature ***Date***