

# EAB ATHLETIC PERSONAL HEALTH FORM

(Please have your parents fill out the form completely. Make sure they print it out and sign it before turning it in to your PE teacher.)

STUDENT INFORMATION			
FULL Name:			
Home address:		Birth date:	Age:
State:		ZIP Code:	
Nationality:	E-mail:	Cell phone no.:	
Select identification document:			
<input type="checkbox"/> RG	<input type="checkbox"/> RNE (For foreigners)	<input type="checkbox"/> Passport (has to be valid)	<input type="checkbox"/> Birth Certificate (only for Brazilians)
Please inform the identification number of the document chosen above:			

IN CASE OF EMERGENCY		
Father´s name:	E-mail:	Cell phone no.:
Mother´s name:	E-mail:	Cell phone no.:
In case of emergency please contact (other than parent):	Relationship:	Cell phone no.:
Medical insurance plan:	Number:	
Family Doctor:		
Hospital of your preference in case of an emergency:		Cell phone no.:
Please list any allergies your daughter/son may have:		
Drugs:	Foods:	Insects:
Any external factors to be aware of (e.g. Negative reaction to heat, etc):		
Please list any medication your daughter/son is taking:		
Dosage:	Reason for taking medication:	
Please list medication your child takes for:		
Headache:	Stomachache:	Anti-inflammatory:
Antibiotics:	Analgesics:	Allergies:
Nausea/vomiting:	Abdominal pain:	Menstrual cramps:
Pain/fever:	Others:	
Please list any illness or physical impairment your child has:		
Please list any special instructions, which would be beneficial for the doctor and coaching staff to have:		
Recent surgeries and treatments:	Current Vaccination:	Recent international trips:

We hereby grant permission to the school, represented by the Athletic 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 understand that it is our responsibility to notify the School's Athletics Department in case any information provided on the attached form should need to be updated.

\_\_\_\_\_  
Parental signature

\_\_\_\_\_  
Date