

EAB ATHLETICS PHYSICAL HEALTH FORM



- 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.

American School of Brasilia
Learners Inspiring Learners

STUDENT INFORMATION

FULL Name:

Home address:

Birth date:
MONTH-DAY-YEAR

Age:

Sex:

M F

State:

CEP or ZIP Code:

Nationality:

Cell phone:

Identification document information. Please complete all fields below for possible travel purposes.

RG: _____ CPF: _____

RNM: (foreigners) _____ Passport (must be valid): _____

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: _____

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 preexisting 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/Guardian Signature

Date