



Taipei American School

Athletic Participation Permission Form

This form is to be completed & returned to the TAS Sports Medicine Team prior to participation after being medically excluded from activity due to injury or illness.

Patient's name	Current activity	Date of Injury
Reason for referral:		
<input type="checkbox"/> Caleb Lott MAT, ATC, NREMT <input type="checkbox"/> TK Edwards MS, ATC, CES <input type="checkbox"/> Taylor Stevens MS, ATC		

➤ TO BE COMPLETED BY DOCTOR

Diagnosis	
The recommended levels for physical activity	
<input type="checkbox"/> NO RESTRICTION from further activity, discharging him/her/them and authorizing full participation.	
<input type="checkbox"/> COMPLETE RESTRICTION for activity and sport for _____ (days/weeks/months).	
<input type="checkbox"/> LIMITED / MODIFIED RESISTRICTION. Student may return to participation with limited/modified restrictions.	
Please click on the following sports/activities that this student can participate in:	
<input type="radio"/> Upper body resistance exercises only	<input type="radio"/> Lower body resistance only
<input type="radio"/> Jogging	<input type="radio"/> Elliptical
<input type="radio"/> Core stabilization exercises	<input type="radio"/> Aquatics
<input type="radio"/> Stationary biking	<input type="radio"/> NWB Activities
<input type="radio"/> Others _____	
Please provide a description below on any therapy / restriction requests for TAS Sports Medicine Team	
Doctor's name / Signature:	Date of evaluation:
Clinic / Hospital:	Telephone / Email:
<input type="checkbox"/> Request to see patient at clinic/hospital on _____ for a follow-up consultation.	

➤ TO BE COMPLETED BY PARENT/GUARDIAN

Once being medically cleared by the doctor above and / or TAS Sports Medicine Team, I give consent for my child to return to full participation in the above-named activity.

Parent / Guardian name (PLEASE PRINT)	Parent / Guardian name (SIGNATURE)

Date: YYYY / MM / DD



台北美國學校 運動參與同意書

因運動傷害或身體不適而暫停體能活動後，在返回參與運動活動前，必須經由醫療診斷並填寫此表格，將此表填寫完畢交還給 TAS 運動醫學團隊。

學生姓名	目前從事的運動項目	受傷日期
轉診原因：		
<input type="checkbox"/> Caleb Lott MAT, ATC, NREMT <input type="checkbox"/> TK Edwards MS, ATC, CES <input type="checkbox"/> Taylor Stevens MS, ATC		

➤ 請由醫師填寫

診斷	
體能活動限制程度建議	
<input type="checkbox"/> 無限制，該名學生可以參與任何體能活動。	
<input type="checkbox"/> 完全限制_____（天/週/月）的活動和運動。	
<input type="checkbox"/> 有限制 / 調整的，學生可以在有限制/調整下重新參與活動，請單擊該學生可以參加的以下運動/活動：	
<input type="radio"/> 僅限於上半身的肌力訓練	<input type="radio"/> 僅限於下半身的肌力練
<input type="radio"/> 慢跑	<input type="radio"/> 滑步機
<input type="radio"/> 穩定核心肌群訓練	<input type="radio"/> 水上運動
<input type="radio"/> 室內腳踏車	<input type="radio"/> 非承重訓練
<input type="radio"/> 其他活動 _____	
請提供 TAS 運動醫學團隊關於該名學生所需的治療和體能活動限制內容	
醫師姓名/簽名：	診斷評估日期：
診所/ 醫院名稱：	電話 / 電子郵件：
<input type="checkbox"/> 該名學生需要回診的日期：_____	

➤ 請由家長 / 監護人填寫

經上述醫生和/或 TAS 運動醫學團隊的醫學許可後，我同意我的孩子重新全面參與上述活動。

家長 / 監護人 姓名（正楷）	家長 / 監護人 姓名（簽名）

Date: YYYY / MM / DD