

ACKNOWLEDGEMENT

DODEA no longer has a medical power of attorney form, or an Authorization for Medical Care of Dependent form

Each student should have on file a Department of Defense Education Activity Student/Dependent Registration Form 700 – Consents and Authorizations.

Section II – Emergency Health Care Notice and Acknowledgment of the Form 700 describes the extent to which the school will assist a DoDEA-enrolled dependent student in the event he or she becomes ill or is injured. In particular, when the dependent student sustains an injury or illness while engaged in school sponsored activities, including athletic and academic competitions and study trips, the school will follow the procedures identified for the administration of first aid to referral to health care providers for necessary treatment.

SPORT PHYSICAL FORM

Many agencies have their own organizationally approved documentation that a student has participated in a physical exam verifying that the student is in good health and may participate in specific activities. The documentation may also note any limitations or specific conditions that may affect the student's full participation in a specific sport.

A student who presents with physical exam documentation signed by a health care provider and dated, stating that the student is in good health and may participate in sports activities, the documentation maybe accepted in lieu of SHSPG Form H-12-3. The physical examination document is valid for one year (12 months) from date indicated on the document.

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0495). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **RETURN COMPLETED FORM TO THE SCHOOL IN WHICH THE STUDENT IS ENROLLING.**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. section, 2164 (Department of Defense Domestic Dependent Elementary and Secondary Schools) and 20 U.S.C. sections 921-932 (Defense dependents' education system).
PRINCIPAL PURPOSE: Obtain health related information about a student enrolling or enrolled in Department of defense Education Activity schools and programs to protect and enhance student health and promote a safe school environment. Determine services to be provided for a student in an equal opportunity to participate in public education.
ROUTINE USES: Routine Use: DoDEA may release information without prior consent within the DoD when needed to perform an official DoD duty, in accordance with 5 U.S.C. section 552a (b) (1). DoDEA also may release information outside the DoD, in accordance with 5 U.S.C. section 552a (b) (2-12), and the "Blanket Routine Uses," published at <http://dpcld.defense.gov/Privacy/SORNIndex/BlanketRoutineUses.aspx>. Examples of release may include for valid medical, law enforcement or security purposes, or for use in litigation involving the DoD.
DISCLOSURE: Voluntary. However, failure to provide the requested information may result in the delay or denial of student services.

Sports Physical Clearance Form

_____ SCHOOL

I. Completed by STUDENT

Student Name (Last, First, MI):	Date of Birth:	Grade:
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II. Completed by Examining Physician/PCM

Cleared for sports participation: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Restrictions: _____ <input type="checkbox"/> Medical Condition/medication required _____ _____	DATE of Physical Exam:
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Print Name and title of Examining Physician/PCM:	Signature and Stamp of Examining Physician/PCM:
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**** Physical is valid for one calendar year from date signed PCM***