Sports Physical

Any student that wants to participate in any school supported sport MUST have a signed sports physical on file with the nurse. This form is valid for 1 year.

BAHRAIN SCHOOL ATHLETICS

Name: _____

Gender: M/F Grade: _____ Age:_____ Nationality:_____ DATE OF PHYSICAL: **_____**

Birthday : ____/____/____ CPR #_____

Passport # and Origin _____

Each player must have a CPR # for Island League games. Please provide this is your child has received a CPR#. If your child has not been issued a CPR#, then a valid passport number with country of origin will suffice. The athletic director will need a copy of these forms.

Mother's Email address: _____

Mother's Cell phone #:_____

Father's Email address:_____

Father's Cell phone #_____

Alternate/Student Email: _____

Uniform Responsibility:

(MIDDLE SCHOOL PROGRAMS ONLY) ----Each player will be required to purchase a team uniform for the season. It will be the player's responsibility to bring his/her clean uniform to all events as per the Coach's instruction. If the student athlete does not comply with the instruction, the player may be unable to participate in the event. (MIDDLE SCHOOL PROGRAMS ONLY)

WhatsApp

The Bahrain School Sports teams will be using a free app called WhatsApp as the main source of getting information out to the teams. Please provide the best phone number and email for this purpose. If you do NOT wish to use WhatsApp, please check here ___

Email _____ Phone # _____

Transportation Permission:

Often times, transportation must be provided by the coaches or player's parents to the Island League games that are at other schools. By signing below, you are granting your son/daughter permission to be driven to these games by coaches or other parents. If you do not sign, YOU must provide transportation (in these situations) for your child or he/she will not be able to attend the away games. This permission is effective until the end of the school year.

POWER OF ATTORNEY

I grant permission for this child to participate in the MS Athletic Program. In the event that my dependent is injured or becomes ill, I authorize and release the Coach/Sponsor of this activity to take my dependent to a medical facility. I understand that I am responsible for all medical costs, to include ambulance service relating to my dependents injury or illness. The school, DoDDS and the US government bear no financial burden related to my dependents injury or illness with regard to participation in school activities.

I understand the coach/sponsor of this activity will use all diligent and responsible efforts to contact me or my spouse. If neither can be contacted after reasonable attempts, I authorize and release any physician or other qualified medical personnel to examine my child. I authorize any and all emergency care necessary for treating injuries or illness involving immediate danger to life or limb of my dependent. I further authorize and release any physician or other qualified medical personnel to administer non-emergency care necessary to treat minor injuries or illness of my dependent. I authorize basic first aide treatment necessary, not including major surgery or procedures involving substantial risk.

Signature of parent: _____ **Date** _____

H-12-3	DEPARTMENT OF DEFENSE EDUCATION ACTIVITY SPORTS PHYSICAL	

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 (DoDEA) 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: DoDEA may release information without prior consent within the Department of Defense (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/SORNsIndex/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 (enter school name)

I. Completed by STUDENT

Student Name (Last, First, MI):	Date of Birth:	Grade:

II. Completed by Examining Physician/PCM

Cleared for sports participation:

DATE of Physical Exam:

☐ **YES**

☐ **NO**

☐ Restrictions:_____

☐ Medical Condition/medication required_____

_____

Print Name and Title of Examining Physician/PCM:	Signature and Stamp of Examining Physician/PCM:

**** Physical is valid for one calendar year from date signed PCM***