

The American School in London

ATHLETICS PARENT WAIVER AND PHYSICAL EXAMINATION FORM (GRADES 5 – 12)

Please complete either **OPTION 1** **OR** **OPTION 2**. (If Option 2 is selected, please complete the Physical Examination Form)

OPTION 1 - Waiver

I certify that _____, Grade _____, has my permission to participate in ASL interscholastic sports during the 2010-11 school year. I will not be providing a Medical History and Physical Examination form, but I believe my child to be physically fit and able to participate in athletics.

In case of injury to my child, I authorize the coach of the team concerned to take my child to any medical/dental center for examination as is necessary if I cannot be contacted. (Please note, we are advised by lawyers that the coach will not be able to give consent for medical treatment, but it is probable that the admitting doctor will assume this responsibility in an emergency.)

In the event of any accident or injury occurring during the participation of my child, _____, in the athletics program of The American School in London, he/she/I will not hold The American School in London liable in any way.

Parent's Name: _____

Parent's Signature: _____

Date: _____

OPTION 2 (Please complete Physical Examination Form below)

I certify that _____, Grade _____, has my permission to participate in ASL interscholastic sports during the 2010-11 school year. I enclose the Physical Examination form signed by the doctor of my choice indicating that my child is physically fit to participate in athletics.

In case of injury to my child, I authorize the coach of the team concerned to take my child to any medical/dental center for examination as is necessary if I cannot be contacted. (Please note, we are advised by lawyers that the coach will not be able to give consent for medical treatment, but it is probable that the admitting doctor will assume this responsibility in an emergency.)

In the event of any accident or injury occurring during the participation of my child, _____, in the athletics program of the American School in London, he/she/I will not hold the American School in London liable in any way.

Parent's Name: _____

Parent's Signature: _____

Date: _____

ASL ATHLETICS PHYSICAL EXAMINATION FORM (Please complete if Option 2 selected)

Name of Student: _____ Grade: _____

I have examined the above named student and hereby certify and declare that:

He/she is medically fit to participate in all physical activities without restrictions.

He/she is medically fit to participate in all physical activities with the following restrictions:

Signature of Licensed Physician: _____

Name of Licenced Physician: _____
(Please print, type or stamp)

Date: _____

Stamp of Licensed Physician

