

**HEALTH AND INJURY INFORMATION CARD and
CONSENT FOR MEDICAL TREATMENT FORM**

(This form is to be completed and kept available for reference wherever competition takes place. Update medical information as necessary.)

Student's Name (Last, First, MI) _____

Age _____ Grade _____ Date of Birth _____ Today's Date _____

Parent's/Guardian's Name _____

Student's Address _____

Parent's/Guardian's Home Phone Number _____

Father's/Guardian's Place of Work _____

Father's/Guardian's Work Phone Number _____

Mother's/Guardian's Place of Work _____

Mother's/Guardian's Work Phone Number _____

In an emergency, when parent's/guardian's cannot be notified, please contact:

_____	Relationship _____	Phone _____
_____	Relationship _____	Phone _____
Family Physician / _____		Phone _____
Preferred Hospital _____		Phone _____
Family Dentist _____		Phone _____

Date of last tetanus booster: _____ (month/year) _____

Do you wear. Glasses ___ yes ___ no / Contacts ___yes ___no / Dentures ___yes ___ no

List any known allergies, drug reactions, or other pertinent medical information; (Diabetes, seizures, history of head injury with unconsciousness, or confusion, medications, etc.)

Please note and date any new injury information here: _____

CONSENT FOR MEDICAL TREATMENT

Iowa Law requires a parent's, or legal guardian's, written consent before their son or daughter can receive emergency treatment, unless, in the opinion of a physician, the treatment is necessary to prevent death or serious injury.

As the parent(s), or legal guardian(s), of the child named on the front of this card, I (we) authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my (our) child. I (we) understand that this written consent is given in advance of any specific diagnosis or hospital care. This written authorization is granted only after a reasonable effort has been made to contact me (us).

Date Parent's/Guardian's signature