

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 _____

Consent for Treatment endorsed by the Iowa Chapter of the American Academy of Emergency Physicians
Cards- provided by THE IOWA HIGH SCHOOL ATHLETIC ASSOCIATION; BOONE, IA