

HEALTH AND INJURY INFORMATION CARD and CONSENT FOR MEDICAL TREATMENT FORM

(This form is to be completed and kept available for reference whenever competition takes place.)

Student's Name _____
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 _____ Cell: _____
Mother's/Guardian's Place of Work _____
Mother's/Guardian's Work Phone Number _____ Cell: _____
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 _____
Insurance Provider _____ Policy # _____
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 required 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