

**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 _____
Student ID# _____
Parent/Guardian Name(s) _____
Student Address _____
Parent/Guardian Home Ph. Number(s) _____ Cell: _____
Parent/Guardian Place(s) of Work _____
Parent/Guardian Work Phone Number(s) _____
In an emergency, when parent/guardian 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___
- OVER PLEASE - 0614

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**