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