

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

1203

- OVER PLEASE -

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