

**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/Guardian Name(s) _____

Student Address _____

Parent/Guardian Home Phone No(s). _____ Cell: _____

Parent/Guardian Place(s) of Work _____

Parent/Guardian Work Phone No(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

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**