

Health and Injury Information Sheet and Consent for Medical Treatment

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 Number: _____ **Cell:** _____

Parent/Guardian Home Phone Number: _____ **Cell:** _____

Parent/Guardian Place(s) or 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 Number:** _____

Date of Last Tetanus Booster: _____ (Month/Year)

Do you wear:

Glasses: _____ Yes _____ No **Comments:** _____

Contacts: _____ Yes _____ No **Comments:** _____

Braces: _____ Yes _____ No **Comments:** _____

Dentures: _____ Yes _____ No **Comments:** _____

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 this form, I (we) authorize emergency 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 _____