HEALTH AND INJURY INFORMATION CARD and CONSENT FOR MEDICAL TREATMENT FORM

competition takes place. Update medical information	ation 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 cann	not 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: Glassesyesno/Contactsye - OVER PLEASE - HEALTH AND INJURY INFORM CONSENT FOR MEDICAL TR	MATION CARD and EATMENT FORM
Do you wear: Glassesyesno/Contactsye - OVER PLEASE HEALTH AND INJURY INFORM CONSENT FOR MEDICAL TR (This form is to be completed and kept ava competition takes place. Update medical information	MATION CARD and EATMENT FORM wilable for reference wherever ation as necessary.)
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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 Nar	ne (Last, Fi	rst, MI)		
AgeG	rade	Date of Birth	Today's Date	
Parent's/Guardian's Name				
Student's Ado	lress			
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 Physic	ian		Phone	
Preferred Hos	spital		Phone	
Family Dentis	t		Phone	
Date of last te	tanus boos	eter:	(month/year)	
Do you wear:	Glasses _	yesno/Contacts _	_yesno/Denturesyesno	
- OVER PLEASE -				
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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.)				
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Phone				
Phone				
Family Physician Phone				
Preferred HospitalPhone				
Family DentistPhone				
Date of last tetanus booster: (month/year)				
Do you wear: Glassesyesno/Contactsyesno/Denturesyesno				

List any known allergies, drug reactions, or other pertinent medical information. (Diabetes, seizures, history of head injury with unconsciousness or confusion, medications, etc.)	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:	Please note and date any new injury information here:
CONSENT FOR MEDICAL TREATMENT lowa 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.	CONSENT FOR MEDICAL TREATMENT lowa 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).	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).
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Parent's/Guardian's signature Consent for Treatment endorsed by the lowa Chapter of the American Academy of Emergency Physicians Cards provided by THE IOWA HIGH SCHOOL ATHLETIC ASSOCIATION, BOONE, IA

Date

Parent's/Guardian's signature Date

Consent for Treatment endorsed by the lowa Chapter of the American Academy of Emergency Physicians Cards provided by THE IOWA HIGH SCHOOL ATHLETIC ASSOCIATION, BOONE, IA