

**HEALTH & INJURY INFORMATION SHEET & CONSENT FOR MEDICAL TREATMENT  
FORM**

This form is to be completed and kept available for reference wherever competition takes place.

Student's Name (Last, First, M) \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

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/guardians 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, ect)

---

---

---

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 of illness or my (our) child. I (we) understand that this written consent is given in advance of any specific diagnosis or hospital care. This written consent 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 America Academy of Emergency Physicians**

