

EMERGENCY CARD

Health and Injury Information Card and Consent for Medical Treatment Form

(PLEASE PRINT LEGIBLE IN INK)

Student's Name (last, first, MI) _____ Student ID # _____

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

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

List any know 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:

Continued On Back

Consent for Medical Treatment

Iowa law requires a parent's, or legal guardian's, written consent before their son or daughter can receive emergency medical 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 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 reasonable effort has been made to contact me (us).

Date **Parent/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

Circle the sport below that you will participate in:

- | | | | | |
|-------------------|-------------------|----------------------|------------------|----------------------|
| FOOTBALL | Girls XC | WRESTLING | B. SOCCER | BASEBALL |
| BOYS GOLF | GIRLS SWIM | B. BOWLING | G. SOCCER | SOFTBALL |
| GIRLS GOLF | BOYS SWIM | G. BOWLING | B. TENNIS | B. BASKETBALL |
| VOLLEYBALL | CHEER | BOYS T&F | G. TENNIS | G. BASKETBALL |
| Boys XC | DANCE | GIRLS T&F | | |