



## HEALTH AND INJURY INFORMATION SHEET & CONSENT FOR MEDICAL TREATMENT FORM

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

Update medical information as necessary.

Student's Name (Last, First, Middle): \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Student Address: \_\_\_\_\_

Parent/Guardian Home Ph. Number(s): \_\_\_\_\_

Parent/Guardian Place(s) of Work: \_\_\_\_\_

Parent/Guardian Work Ph. 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)

Does the student 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/GUARDIAN SIGNATURE: \_\_\_\_\_

Consent for Treatment endorsed by The Iowa Chapter of the American Academy of Emergency Physicians

THE IOWA HIGH SCHOOL ATHLETIC ASSOCIATION, BOONE, IA

### ACKNOWLEDGEMENT/CONSENT: HIGH SCHOOL ACTIVITY CODE

I hereby acknowledge that I have read the High School Activity Code. We have received the information provided on the concussion information sheet titled, "Heads Up: Concussion in High School Sports" and agree to comply with its provisions as a condition to exercising the privilege of participating in the activities sanctioned by the Sioux City Community School District. I understand that this Code is revised annually by the Board of Education, and I will be required to sign each revision as a condition to continued participation. DATE: \_\_\_\_\_

\_\_\_\_\_  
(STUDENT PRINTED NAME)

\_\_\_\_\_  
(STUDENT SIGNATURE)

\_\_\_\_\_  
(PARENT/GUARDIAN PRINTED NAME)

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

## FALL SEASON:

### TO BE FILLED OUT BY THE HIGH SCHOOL OFFICE:

Does this student have their paperwork completed and handed in to the Athletic/Activities Office:

Physical: \_\_\_\_\_ Code of Conduct: \_\_\_\_\_

Does this student have any situations with...

Grades: Eligible Not Eligible (out 30 days) Violations: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## WINTER SEASON:

### TO BE FILLED OUT BY THE HIGH SCHOOL OFFICE:

Does this student have their paperwork completed and handed in to the Athletic/Activities Office:

Physical: \_\_\_\_\_ Code of Conduct: \_\_\_\_\_

Does this student have any situations with...

Grades: Eligible Not Eligible (out 30 days) Violations: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## SPRING SEASON:

### TO BE FILLED OUT BY THE HIGH SCHOOL OFFICE:

Does this student have their paperwork completed and handed in to the Athletic/Activities Office:

Physical: \_\_\_\_\_ Code of Conduct: \_\_\_\_\_

Does this student have any situations with...

Grades: Eligible Not Eligible (out 30 days) Violations: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## SUMMER SEASON:

### TO BE FILLED OUT BY THE HIGH SCHOOL OFFICE:

Does this student have their paperwork completed and handed in to the Athletic/Activities Office:

Physical: \_\_\_\_\_ Code of Conduct: \_\_\_\_\_

Does this student have any situations with...

Grades: Eligible Not Eligible (out 30 days) Violations: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_