



# 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/GURARDIAN 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: \_\_\_\_\_