EMERGENCY CARD

Health and Injury Information Card and Consent for Medical Treatment Form

* * * PLEASE CIRCLE ONE BELOW * * *

ATHLETE

NON-ATHLETE

(PLEASE PRINT LEGIBLE IN INK)

Student's Nan	ne (last, first, MI)	Student ID #		
Age	Grade	Date of Birth	Today's Date	
Parent/Guardi	an Name(s)			
Student Addre	ess			
Parent/Guardi	an Home Ph. Number(Cell:		
Parent/Guardi	an Place(s) of Work _			
Parent/Guardi	an Work Phone Number	er(s)		
In an emerge	ency, when parent/gua	rdian cannot be notified, ple	ease 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 g	glasses yes	_ no Contacts yes	no Dentures yes	n o

	rgies, drug reactions, or other pertinent medical information. (diabetes, seizures, ary with unconsciousness or confusion, medications, etc.)
Please note and da	te any new injury information here:
	Continued On Back
	Consent for Medical Treatment
	quires a parent's, or legal guardian's, written consent before their son or daughter can nedical treatment, unless, in the opinion of a physician, the treatment is necessary to prevent ry.
medical treatment o (we) understand tha	t(s), or legal guardian(s), of the child named on this card, I (we) authorize emergency hospitalization that is necessary in the event of an accident or illness of my(our) child. It this written consent is given in advance of any specific diagnosis or hospital care. This 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