

COACHES: Do not mail this Form D. Keep these completed forms with you at all times.

**Information and Consent For Medical Treatment Form
FORM D
(Please do not send with the registration forms!)**

This form is to be completed and brought to the ICCA event by the coach. The coach is responsible for keeping this form available in case of emergency.

SCHOOL _____
Student's Name (Last, First, MI) _____

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

Parent's/Guardian Name _____

Student's Address _____

City, State, Zip _____

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/guardians cannot be notified, please contact:

_____ Relationship _____ Phone _____

Family Physician _____ 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, medication, etc.)

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 a physician, the treatment is necessary to prevent death or serious injury.

As parent(s)/ legal guardian(s), of the child named above, 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).

Parent's/Guardian's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

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