

MEDICAL TREATMENT AND RELEASE FORM

Information and Consent for Medical Treatment Form for Cheerleaders

***Coaches: Do not mail this form.** Keep and bring completed forms with you to ICCA Events.

This form is to be completed by cheerleaders and their parents and brought to the ICCA event by the coach. The coach is responsible for keeping this form available in case of emergency. Only one form per cheerleader.

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

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

Parent/Guardian Name(s) _____

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:

Name _____ 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 _____