

# 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/guardian 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 \_\_\_\_\_

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