

# HEALTH AND INJURY INFORMATION CARD and CONSENT FOR MEDICAL TREATMENT FORM

(This form is to be completed and kept available for reference wherever competition takes place. Update medical information as yearly & as necessary.)

Student's Name (Last, First, MI) \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Student's Address \_\_\_\_\_

Parent's/Guardian's Home Phone Number \_\_\_\_\_

Parent's/Guardian's Cell Phone Number \_\_\_\_\_

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's/guardian's cannot be notified, please contact:

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ 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, 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).*

The above listed student has adequate health insurance protection and will assume all responsibility for injuries incurred while practicing or participating in interscholastic sports and school sponsored activities.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent's/Guardian's signature

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

## WASHINGTON MIDDLE SCHOOL ACTIVITY PARTICIPATION FORM

We the undersigned understand the following rules for participation:

- 1) Participation in an interscholastic sport is a privilege.
- 2) Academic eligibility for 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grade students participating in interscholastic athletic competition will be determined on a biweekly basis by each individual student's grade. (Monday-Once receiving the list of deficient students, teachers and coaches will inform the students that remediation must be made by eligibility review that Friday) (Monday- SAM communication to student/parent) Every student must be passing all classes to be eligible for competitions. However, students ineligible for competition will still be a member of the team and may continue to participate in practices throughout the season. (Any participant i.e. managers, cheerleaders, all extracurricular activities)

On the Friday following the initial notification all 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grade students who have a failing grade in any subject will be ineligible for the next scheduled competition. The student will regain eligibility for any and all of the following competitions until the next grade-reporting period, which shall occur approximately every two weeks. If a student has two or more failing grades, that student will be ineligible for all competitions until the next grade-reporting period.

- 3) In order to maintain consistency with the Good Conduct policy at the high school level, Washington Middle School has introduced a modified version to include all extracurricular activities offered to 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grade students. All policies that are in effect according to the Washington Middle School Handbook remain in effect except for the following addition.

\*Any student who violates the Good Conduct Policy will miss the next scheduled contest or event. A student who is in two activities at the same time will not miss two events but the first event that should occur. The student will continue to practice with the team or extra curricular activity until they can return to competition.

This policy encourages good sportsmanship and citizenship throughout our district and reflects the positive values of abstaining from alcohol, tobacco, drugs or negative student choices.

- 4) All participating students shall be present for all practice sessions unless he/she is ill or has been excused by the coach. Students may not perform in an athletic contest. If they have been absent from school due to illness on the day of the event.
- 5) All participating students shall ride to and from interscholastic contests in school furnished transportation. The only exception shall be written request delivered by a parent or guardian, to the coach or principal, requesting the student ride with them.
- 6) All rules and regulations governing eligibility adopted by the Iowa High School Athletic Union are also to be followed.

Student Signature \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

(Please sign and return this form to the activities office or school nurse prior to attending the first practice.)