

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 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 _____

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 HIGH SCHOOL GOOD CONDUCT CODE

Grades 9 - 12

The following Good Conduct Code establishes the standards by which students shall conduct themselves if they choose to take advantage of the privileges afforded them by participation in extracurricular activities. Students participating in extracurricular activities shall commit themselves to meet the standards of this code and of the Student Code Handbook at all times and in all places (365 days a year). The Good Conduct Code begins at the conclusion of 8th grade and continues through a student's last day of eligibility in a high school activity.

VIOLATIONS

Violations of the Good Conduct Code include but are not limited to the following :

Students shall not:

- 1) Sell, manufacture or distribute illegal drugs, controlled substances, imitation controlled substances or drug paraphernalia
- 2) Possess, use, or be under the influence of illegal drugs, controlled substances, imitation controlled substances, or drug paraphernalia.
- 3) Sell, distribute, possess, use, or be under the influence of alcoholic beverages.
- 4) Sell, distribute, possess or use tobacco or imitation substances.
- 5) Participate in any conduct, which in Iowa is illegal, whether or not an arrest or conviction occurs, except simple misdemeanor traffic violations.

PENALTIES FOR VIOLATION(S)

The penalties listed below are for violations of the Good Conduct Code.

First Offense: A student whose violation of the Good Conduct Code constitutes a first offense will be ineligible to participate in extracurricular activities for 40% of the season.

Second Offense: A student whose violation of the Good Conduct Code constitutes a second offense will be ineligible to participate in all extracurricular activities for 80% of the season.

Three or More Offense(s): A student whose violation of the Good Conduct Code constitutes a third or more offense(s) will be ineligible to participate in all extracurricular activities for one (1) calendar year.

Early Eligibility Reinstatement: A first or second offense will be reduced by 50%, if the student is successfully completing 6 hours of counseling at the student's expense, unless it is determined that such reinstatement would not be appropriate. The counseling must be approved in advance by the Principal.

Multiple Offenses: If a second violation occurs previous to the completion of the first, the second will be served consecutive to the first, not concurrently.

I have received a copy of the High School's Good Conduct Code. I have read the Good Conduct Code and the requirements for academic eligibility and I agree to abide by the Good Conduct Code as a requirement for my participation in extracurricular activities at Washington High School.

Student Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

****To obtain a complete copy of the Washington High School Good Conduct Code please contact the Washington High School Athletic Office.**

(Rev 7/14)