

# CARLISLE COMMUNITY SCHOOLS

EMERGENCY FORM: Consent for medical treatment and parent/guardian contact information

**PLEASE PRINT CLEARLY IN INK**



List all activities in which you plan to participate during this school year:  
\_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City and Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Home Ph# \_\_\_\_\_  
Parent/Guardian Name(s) \_\_\_\_\_  
Home Ph# \_\_\_\_\_ Cell Ph# \_\_\_\_\_ Work Ph# \_\_\_\_\_  
Address \_\_\_\_\_ City and Zip \_\_\_\_\_

In an emergency, when parent/guardian cannot be notified, please contact:  
\_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_  
\_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_  
Family Physician Name and Ph# \_\_\_\_\_  
Family Dentist Name and Ph# \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_  
Do you have insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Insurance Provider \_\_\_\_\_

## 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 this form, 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).

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Please list any known allergies, drug reactions or other pertinent medical information below (diabetes, seizures, history of head injury, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Board and state of Iowa policy requires the activities office must have on file this form, a signed concussion form and a current and complete athletic physical form. The participant must also have adequate insurance coverage while practicing or participating in interscholastic sports or other sponsored activities. If any of these requirements are not met, the student cannot participate until this paperwork is complete.**