

## FORM C

### Information and Consent For Medical Treatment Form for Cheerleaders

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

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

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

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

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

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

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