

Durant Community School Athletic Department
Health and injury information – Consent for Medical Treatment

Student's Name _____ Age ____ Grade ____ DOB _____

Parent/ Guardian Name(s) _____

Contact Numbers _____

Address _____

Emergency Contact Names and Numbers (after the parents)

List any known allergies, drug reactions or other pertinent medical information.
(Diabetes, seizures, history of head injury with unconsciousness or confusion,
medication, etc.)

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).

Name _____ Date _____

I further consent that Rock Valley Physical Therapy may examine and/or provides emergency or preventative treatment as necessary for my child if he/she is injured during high school practice or during participation of or after participation in a high school sponsored practice or game. I further consent to the release of medical information regarding any injury that my child receives during practice or a game sponsored by the high school to my child's physician, and to their school coach, so that they may be better informed about continued participation of my child in their sport program.

Name _____ Date _____

____ I do not consent to emergency and/or preventative treatment by Rock Valley Physical Therapy.

EXTRA-CURRICULAR PARTICIPATION ACKNOWLEDGEMENT

The Durant CSD is requesting that parents and students acknowledge that receipt of certain information, which provides guidelines and awareness of the responsibilities for parents, students, and coaches or sponsors involved in extra-curricular activities.

The signature of the student and parent/legal guardian on this document means there is consent for the student to participate in extra-curricular activities.

The signing of this document means that the participant and the parent/legal guardian are aware of the possibilities of injury while participating in extra-curricular activities. The injuries can be serious to the extent of being permanent injuries or even result in the loss of life. This is an area where the student and parent/legal guardian should give considerable thought and discussion.

The signing of this document provides documentation for the school district that the student and the parent have been offered a copy of the athletic handbook. The handbook contains:

- Rules for participation in extra-curricular activities
- Eligibility requirements as identified by both the IAHSAA and IGHS AU
- Good Conduct Policy
- Appeal Policy

The signing of this document also indicates that the student and parent/legal guardian are aware that rules and regulations for each sport are available from the coach in addition to the Athletic Department, policies in the Athletic Handbook. These rules and regulations are in writing and should be provided to the student and parents at the beginning of each sport. A team meeting for the student and parent/legal guardian is to be conducted by the coach at the beginning of each sport.

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____

Return this completed form to the High School Athletic Office. This form must be on file before the student is eligible for required practices or participation in games/contests.