

Date of last tetanus booster: \_\_\_\_\_ (month/year)

Family Dentist \_\_\_\_\_  
Phone \_\_\_\_\_

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

Relationship \_\_\_\_\_ Ph \_\_\_\_\_

In an emergency, when parent/guardian cannot be notified, please contact:

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Parent/Guardian Place(s) of Work

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Student Address

Student ID# \_\_\_\_\_

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

epdη

*This form is to be completed and kept available for reference wherever competition takes place.*

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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).*

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*Parent's/Guardian's signature*

### Cards provided by

**THE IOWA HIGH SCHOOL ATHLETIC ASSOCIATION, BOONE, IA**



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