

## Sidney Central School – Emergency Information Card

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sport: \_\_\_\_\_ Grade: \_\_\_\_\_

Diagnosis / Illness / Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Address: \_\_\_\_\_ Home #: \_\_\_\_\_

Parent/Person in Parental relation: \_\_\_\_\_ Number: \_\_\_\_\_

Parent/Person in Parental relation: \_\_\_\_\_ Number: \_\_\_\_\_

**In case of accident or serious illness:** I/We the parent/guardian request the Sidney School staff to contact us and if necessary in the judgment of the school officials, to contact a medical facility/EMS as needed. I/We do hereby appoint the following people to act on our behalf, in authorizing unexpected medical, dental, surgical care and/or hospitalization, in the event that we are unable to be reached. I/We also authorize the school staff to contact the medical provider below and to follow their instructions. If the specific medical provider cannot be reached, I/We further authorize the medical provider on-call to make whatever arrangements are necessary.

Signature of Parent/person in parental relation/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Emergency Contact:</b>	<b>Relationship:</b>	<b>Number:</b>
<b>Emergency Contact:</b>	<b>Relationship:</b>	<b>Number:</b>
<b>Medical Provider:</b>	<b>Organization: Bassett / UHS / Other:</b>	<b>Number:</b>