

CENTENNIAL SCHOOL DISTRICT
Warminster, PA 18974
EMERGENCY INFORMATION CARD

Student's Name _____

Address _____

Home Telephone _____

Father's Name _____

Father's Place of Employment _____

Father's work/Cell Phone _____

Mother's Name _____

Mother's Place of Employment _____

Mother's Work/Cell Phone _____

Persons to be called in an emergency other than parents:

Name _____ Phone _____

Name _____ Phone _____

Preferred Hospital _____

Is there a court order regarding the custody of this student? ____yes ____no

(If yes, please attach copy.)

May have non aspirin (Tylenol)? ____yes ____no

May have Generic Ibuprofen (Advil)? ____yes ____no

May have antacid (Gelusil)? ____yes ____no

May have antihistamine (Benadryl)? ____yes ____no

Present medical condition _____

Allergies _____

Daily medications _____

May we share medical information with school staff: ____yes ____no

In the event this student becomes seriously ill or injured while in school and requires prompt emergency care, if we cannot immediately locate one of the parents, do we have your permission to secure medical attention for him/her from the source you have mentioned above without involving the school in any financial obligation? ____yes ____no

Signature (Parent/Guardian) _____

Date _____

PPLH-05 (11/01)