

CENTENNIAL SCHOOL DISTRICT  
Warminster, PA 18974  
EMERGENCY INFORMATION CARD

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_

Father's work phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

Mother's work phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Persons to be called in an emergency other than parents:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Is there a court order regarding the custody of this student? \_\_\_\_yes \_\_\_\_no

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

**Doctor identified Medical Condition:** \_\_\_\_\_

**Doctor identified Allergy to** \_\_\_\_\_

Comment: \_\_\_\_\_

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 without involving the school in any financial obligation? \_\_\_\_yes \_\_\_\_no

Signature (Parent/Guardian) \_\_\_\_\_

Date \_\_\_\_\_

PPLH-05 (2/12)