

CENTENNIAL SCHOOL DISTRICT  
Warminster, PA 18974  
EMERGENCY INFORMATION CARD

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_

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 Severe Allergy to** \_\_\_\_\_

**Daily medications** \_\_\_\_\_

Last Physical Exam Date \_\_\_\_\_ Last Dental Exam Date \_\_\_\_\_

May we share medical information with school staff: \_\_\_\_yes \_\_\_\_no

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

Date \_\_\_\_\_

PPLH-05 (1/13)