

CENTENNIAL SCHOOL DISTRICT  
Warminster, PA 18974  
EMERGENCY INFORMATION CARD 2020-21

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 a copy.)

May have non-aspirin (acetaminophen/Tylenol)? \_\_\_yes \_\_\_no

May have ibuprofen (generic Advil/Motrin)? \_\_\_yes \_\_\_no

May have antacid (generic Tums)? \_\_\_yes \_\_\_no

May have antihistamine (generic Benadryl)? \_\_\_yes \_\_\_no

Present medical condition(s) \_\_\_\_\_

Allergies \_\_\_\_\_

Daily medication \_\_\_\_\_

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 mentioned above without involving the school in a financial obligation? \_\_\_yes \_\_\_no

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

Date \_\_\_\_\_

PPLH-05 (11/01)