

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 _____