

SPPCS STUDENT EMERGENCY DATA FORM

2011-2012

Family Name

Primary Phone #

Child(ren) Names(s) and Grade

Mother's Name/Place of Business & Phone #

Father's Name/Place of Business Phone #

Mother's Cell Phone #

Father's Cell Phone #

List Other Names & Phone #'s (in numerical order) we may call if Mother/Father cannot be reached:

(1st) _____

(3rd) _____

(2nd) _____

(4th) _____

If none of the above can be contacted what do you wish the school to do if the child is sick or injured?

Doctor's Name & Phone #

Signature of Parent or Guardian

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