

# SPPS STUDENT EMERGENCY DATA FORM

2008-2009

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Family Name

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Home Phone #

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Child(ren) Name(s), Grade & Room #

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Mother's Name/Place of Business & Phone #

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Father's Name/Place of Business & Phone #

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Mother's Cell Phone #

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Father's Cell Phone #

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

(1<sup>st</sup>) \_\_\_\_\_

(3<sup>rd</sup>) \_\_\_\_\_

(2<sup>nd</sup>) \_\_\_\_\_

(4<sup>th</sup>) \_\_\_\_\_

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Doctor's Phone #

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

Although the above recommendation of the parent will be respected as far as possible, I understand that in the final disposition of an emergency case, the judgment of the school authorities will prevail. Anytime the above information must be changed, I will notify the Principal in writing.

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Signature of Parent or Guardian