

ST. VINCENT de PAUL SCHOOL EMERGENCY CARD

Student's Last Name	First Name	Birthdate	Grade	Home Phone	Cell Phone
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Address	City	State	Zip
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e-mail address

Father or Guardian's Name	Cell Phone	Work Phone	Extension
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Employer	Employer's address
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Mother or Guardian's Name	Cell Phone	Work Phone	Extension
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Employer	Employer's address
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The following individual should be contacted in an emergency if I cannot be reached. They also have my permission to pick my child up from school.

Name	Relationship to student	Daytime phone
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Name	Relationship to student	Daytime phone
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Name	Relationship to student	Daytime phone
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