

Elderly Call List

The purpose of this form is to identify those individuals within the Spencerville School District, who may require periodic checks from local safety service agencies during emergency and disaster events.

**** The information contained on this form is for the sole use of Spencerville Safety Service agencies and shall not be shared with any other agency or party.**

Name: _____

Address: _____

City: _____ State: _____

Phone: _____ Cell Phone: _____

If unable to contact me, please contact:

Relative Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Cell Phone Number: _____

Or

Relative Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Cell Phone Number: _____