

Attachment XXX: Parent Participant Alternative Contact Form

Dating Matters: Strategies to Promote Healthy Teen Relationships™ Initiative

Division of Violence Prevention
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

School ID number:	_____
Date:	_____
Parent name:	_____
Parent ID number:	_____

Parent Participant Alternative Contact Form

We would like some information from you that will help us be able to stay in contact with you for additional surveys. We would like to be able to send you cards in the mail or call you, or to reach you through people who would know how to contact you. This could be a relative or a really good friend. We will keep your contact information totally private and separate from your survey information. It's just so we can contact you again.

Your Name: _____

Address: _____

Home Phone Number: _____

Cellphone Number: _____

Alternative Contact #1

Name: _____

Address: _____

Home Phone Number: _____

Cellphone Number: _____

Alternative Contact #2

Name: _____

Address: _____

Home Phone Number: _____

Cellphone Number: _____