

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

# WESTVIEW ELEMENTARY EMERGENCY FORM

**Dear Parents:**

**Please complete the following enrollment information and return it to Westview.  
AS SOON AS POSSIBLE. THIS FORM IS VERY IMPORTANT!**

CHILDS'S NAME \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

If the child becomes ill in school and the family is not at home, please give us the following information so you can be reached. **We will notify the parents first, unless you specify otherwise.**

Father's place of employment \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Place of employment \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name, address and telephone number of two (2) other people (other than parents), who will be responsible for the child if the school is unable to contact the parents. Please list any additional persons to whom your child may be released to in your absence.

1) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Family **Physician** \_\_\_\_\_ Phone \_\_\_\_\_

Family **Dentist** \_\_\_\_\_ Phone \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_