

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

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

## Westview Elementary School - EMERGENCY FORM

**Dear Parents:**

**Please complete the following emergency information and return it to Westview immediately.**

**Return AS SOON AS POSSIBLE.  
THIS FORM IS VERY IMPORTANT  
to the safety of your child!**

CHILDS'S NAME \_\_\_\_\_  
Has there been a change in custody?     NO     YES    Explain on back

PARENT'S NAMES \_\_\_\_\_  
(Please list names of both parents **if** both have permission to pick up student)

ADDRESS \_\_\_\_\_  New

HOME PHONE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  New    E-mail \_\_\_\_\_

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 Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  New    Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  New

Possible emergency contact **e-mail** if phone fails (Print) \_\_\_\_\_

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

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

Possible emergency contact **e-mail** if phone fails (Print) \_\_\_\_\_

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. (On Back)

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

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

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

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

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

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

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

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

Please explain any custody changes that have taken place.

Also, be sure to provide necessary documentation for your child's records and our files.

---

---

---

---

---

---

---

Please list any additional persons to whom your child may be released to in your absence.

1) Name \_\_\_\_\_ Phone \_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_

Relationship \_\_\_\_\_ Cell \_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_

Relationship \_\_\_\_\_ Cell \_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_

3) Name \_\_\_\_\_ Phone \_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_

Relationship \_\_\_\_\_ Cell \_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_

4) Name \_\_\_\_\_ Phone \_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_

Relationship \_\_\_\_\_ Cell \_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_