

**PARK VIEW SCHOOL**  
**REGISTRATION/EMERGENCY INFORMATION**

Student Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Father's Address (if different than student) \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Father's E-Mail \_\_\_\_\_ Speaks English Yes \_\_\_ No \_\_\_

Mother's Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Mother's Address (if different than student) \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Mother's E-Mail \_\_\_\_\_ Speaks English Yes \_\_\_ No \_\_\_

Name of English-speaking adult who will assume responsibility  
for child if parent cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

home phone \_\_\_\_\_ cell phone \_\_\_\_\_ work phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

home phone \_\_\_\_\_ cell phone \_\_\_\_\_ work phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, I give the school authorities permission to call the doctor named above. School authorities have my permission to arrange appropriate transportation of my child to the nearest emergency room if such care seems indicated.

\_\_\_\_\_  
Parent's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Is your child taking any medications? \_\_\_\_\_ If so what is the medication for and when is it given?

Does your child have any known physical limitations or allergies? \_\_\_\_\_ If so, describe:

Please complete and return this form to the front office. If any of the above phone numbers change, please contact the office. ***It is very important to keep all this information up to date.***

**Until an emergency form is on file in the office, your child will not be allowed to go on any field trips.**

**Continued on back**

We now have an automated phone notification system that will be implemented in case of an emergency, such as school closing due to weather conditions. With this in mind, please list three numbers, in order of priority, that should be called.

1. \_\_\_\_\_ (Primary-usually the home phone number)

2. \_\_\_\_\_ (Emergency Number 1-usually a work or cell number)

3. \_\_\_\_\_ (Emergency Number 2-usually a work or cell number)