## **Berlin-Boylston Public Schools Emergency Information Form**

Please Print

| Student Name:  | Grade: DOB:   |
|--|---|
| Address:   |   |
|  |   |
| Parent/Guardian 1-Name:  |   |
| Address (if different than student):   |   |
| Cell/Home Phone:   | Work #:   |
| Parent/Guardian 2-Name:  |   |
|  |   |
| Cell/Home Phone:   | Work #:   |
| <b>School Messenger Information:</b> Parent/guadismissal, etc.   | ardian's phone and email to be used for school closing, early   |
| School Messenger Phone #1:   |   |
| School Messenger Phone #2:   |   |
| School Messenger Email Address 1:  |   |
| School Messenger Email Address 2:  |   |
| <b>List two relatives or neighbors</b> nearby who child <b>if you cannot be reached</b>  | will provide transportation and assume temporary care of your   |
| Name:  | Phone #:  |
| Relationship to child:   |   |
| Name:  | Phone #:  |
| Relationship to child:   |   |
| Military Family Member: No, not a n  | mber  |
|  | teran who was medically discharged or retired in the last year died on active duty in the last year   |
| Yes, child of member who cannot be c | contacted, school authorities have permission to act in the or any other emergency services which could be of benefit to or   |
| Yes, child of member who contains a seeking medical help   | contacted, school authorities have permission to act in the or any other emergency services which could be of benefit to or old has no liability for medical costs. |
| Yes, child of member who contains a seeking medical help welfare of the child in such emergency. The school Physician:   | contacted, school authorities have permission to act in the or any other emergency services which could be of benefit to or old has no liability for medical costs. |

throughout the year. Contact the school nurse with any physician or medication updates. Thank you

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