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

Please Print

| Student Name:   | Grade:                       | DOB:                           |
|---|------------------------------|--------------------------------|
| Address:  |                              |                                |
| Primary Home/Cell number:   |                              |                                |
| Parent/Guardian 1-Name:   |                              |                                |
| Address (if different than student):  |                              |                                |
| Cell/Home Phone:  | Work #:                      |                                |
| Parent/Guardian 2-Name:   |                              |                                |
| Address (if different than student):  |                              |                                |
| Cell/Home Phone:  | Work #:                      |                                |
| <b>School Messenger Information:</b> Parent/guardian's phone dismissal, etc.  | e and email to be us         | ed 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 will provide trachild <b>if you cannot be reached</b>   | ansportation and as          | ssume temporary care of your   |
| Name:   | Phone #:                     |                                |
| Relationship to child:  |                              |                                |
| Name:   | Phone #:                     |                                |
| Relationship to child:  |                              |                                |
| Military Family Member: ☐ No, not a member of a m☐ Yes, child of active duty member☐ Yes, child of member or veteran who was☐ Yes, child of member who died on active   | s medically discharg         |                                |
| In case of emergencies where parents cannot be contacted, scho parent/guardian's behalf in seeking medical help or any other e welfare of the child in such emergency. The school has no liabil   | emergency services w         | hich could be of benefit to or |
| Discoultance of the second of |                              |                                |
| Physician:  | Phone:                       |                                |
| Person completing form:  Signature:  Please remember to update the school secretary about any   | Relationship<br>(to student) | D:                             |

Please remember to update the school secretary about any address, phone number or email changes throughout the year. Contact the school nurse with any physician or medication updates. Thank you

The Berlin-Boylston Regional Public Schools do not discriminate on the basis of age, race, color, national origin, ancestry, sex, sexual orientation, gender identity, religion, creed, disability, veteran status, genetic information, homelessness or any other class protected by state or federal law.