



EMERGENCY CONTACT FORM

Please complete form, sign, date and return to the school by **Wednesday March 18th**.
You must fill in ALL the information. The PTO does not have access to any information you
have given to Merrimac schools.

PLEASE PRINT CLEARLY

Student Name: _____ Grade: _____

Teacher: _____

Class: Robotics Coding After-School Program Spring 2020 – 2nd Grade

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Medical Concerns: _____

*There is no nurse available during After-School Programs

Will your child go to the BASP after Session? Yes _____ No _____

Who will pick up your child (only parent/guardian allowed unless noted):

I give my child permission to participate in the After-School Exploration Program. I agree to release and hold harmless the Merrimac PTO, Pentucket Regional District, the members of the School Committee, and the officers, agents, employees and any and all instructors and organizers of this program from any and all liability for personal injuries to my child or other, or damage to person or property that might result in any way from his/her participation in the above program.

Parent/Guardian Signature: _____

Sponsored by the Merrimac PTO