



GREENFIELD

GREENFIELD SCHOOL "KNIGHT FOR A DAY" REGISTRATION FORM

Name: _____

Visiting Grade: _____

Home Telephone #: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Emergency Contact: (please * first contact #)

Father's Name: _____ Wk#: _____ Cell: _____

Mother's Name: _____ Wk#: _____ Cell: _____

Other/Name: _____ Wk#: _____ Cell: _____

AUTHORIZATION FOR EMERGENCY MEDICAL OR HOSPITAL TREATMENT

Doctor to be contacted: _____

Doctor's Telephone #: _____

Hospital Preferred: _____

Name of Insurance Company: _____

Insurance Policy #: _____

Known Medical Conditions: _____

Current Medications: _____ Last Tetanus Shot: _____

If I cannot be reached in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment which a physician deems necessary for the well-being of my child.

Signature _____ Date _____

Parent/Guardian

_____ I will pick up my child at _____ p.m. in the school office
_____ My child will ride home today after school with _____

Shadow: