



CHILD INFORMATION FORM 2018-2019

GREENFIELD RECREATION AFTER SCHOOL PROGRAM AT FOUR CORNERS SCHOOL

PARENT/GUARDIAN INFORMATION

Name: _____ Relationship to Child: _____
 Address: _____ Town: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Best # to Reach: _____ Email Address: _____

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CHILD INFORMATION

School: _____ Grade: _____ Teacher/Team: _____

Name: _____ DOB: _____ Age: _____ M/F: _____

Eye Color: _____ Hair Color: _____ Weight: _____ Height: _____

Identifying Marks: _____

Please list any medical needs, dietary restrictions, allergies, etc. _____

Does your child carry an EpiPen®? Yes _____ No _____

*PLEASE NOTE: If your child carries an EpiPen® one must be supplied to GRASP

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

**Please attach a
current
photograph of
your child.**

Does your child have a chronic health condition? YES NO If yes, an individual health plan must be completed.

Are there any custody agreements, court orders, or restraining orders that pertain to the child? YES NO If yes, please attach

ADDITIONAL PICK-UP CONSENT

In the event that I cannot pick up my child for any reason, I authorize GRASP to release my child to the following individuals:

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

PUBLICITY/PHOTO RELEASE

I understand that my child may be photographed or videotaped by the Greenfield Recreation Department for use on website, in promotional/ publication materials, and for grant purposes. Newspaper and television staff may also photograph or videotape my child should they feature the program.

I do _____ I do NOT _____ give permission for my child to be photographed/videotaped. INITIALS: _____

PLEASE COMPLETE BOTH SIDES

EMERGENCY CONTACTS IF PARENT(S)/GUARDIAN(S) CANNOT BE REACHED.

Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Hospital Preferred: _____ Health Insurance Carrier & Policy #: _____

CONSENT

I authorize GRASP staff to give my child first aid when appropriate. If my child requires further medical attention, 911 will be called and I will be notified immediately. I understand if I cannot be reached, one of the emergency contacts will be notified. If my child needs to be taken to the nearest medical care facility or to my preferred hospital listed above by ambulance, one qualified staff person will accompany my child to the hospital. I also give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as indicated. I will accept responsibility for any expenses incurred in handling this emergency care.

Parent/Guardian (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

HEALTH HISTORY AND IMMUNIZATION RECORDS

I attest that my child's health and immunization records are on file with the Greenfield Public Schools.

Parent/Guardian (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

RELEASE OF INFORMATION

For the purpose of continuity of care, I hereby give permission for Greenfield Public Schools to release information to the GRASP Staff for my child. Information may be shared in written or verbal format.

Parent/Guardian (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

PARENT HANDBOOK ACKNOWLEDGEMENT

I have read and understand all of the policies in the Greenfield Recreation After School Program (GRASP) at Four Corners School as stated in this handbook. I agree to follow the handbook policies accordingly. I do understand that all policies listed in this handbook will be enforced, and failure to comply with the policies, is reason for immediate termination.

Parent/Guardian (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Please return this form to the Greenfield Recreation Department, 20 Sanderson Street, Greenfield, MA 01301

Phone: (413)772-1553 Fax: (413)773-0115 Website: www.greenfieldrecreation.com

This form must be completed and submitted before your child begins the program. It will be placed in their file for reference.

FOR OFFICE USE ONLY:

DATE OF ADMISSION: _____

REVIEWED BY: _____