

Student Information

Little Lambs Learning Center

Child's name: Last _____ First _____

Nick name: _____ Male or Female _____

Birthdate: _____ Child's age as of September 1st: _____

Child's Current Home Address _____
City _____ Zip _____

Child's living arrangements:

___ Both Parents ___ Mother ___ Father ___ Other (Specify) _____

Mother's Name _____ Father's Name _____

Home Address _____ Home Address _____

City _____ Zip _____ City _____ Zip _____

Driver's License # _____ Driver's License # _____

Mother's Home # _____ Father's Home # _____

Mother's Cell # _____ Father's Cell # _____

Mother's Work # _____ Father's Work # _____

Email _____ Email _____

Student Release / Emergency Contact Information

***** This information is required by the State of Texas and kept on file for the safety of your child. *****

**** DO NOT INCLUDE PARENTS OR GUARDIANS ON LIST BELOW ****

Name: _____ Relationship _____ Cell# _____ _____ Emergency Contact
Address _____ City _____ State _____ Zip _____ _____ Pick Up
Driver's License # _____

Name: _____ Relationship _____ Cell# _____ _____ Emergency Contact
Address _____ City _____ State _____ Zip _____ _____ Pick Up
Driver's License # _____

I hereby authorize ONLY the above persons to pick up my child when a parent or guardian is not available to do so and in the event I cannot be reached to make arrangements for emergency medical attention.

I hereby authorize LLC and/or Shepherd of the Heart Methodist Church Staff to contact ONLY the persons indicated above.

Parent/Guardian Signature _____ **Date** _____

Medical Information and Consent to Treatment

Primary Care Physician/Pediatrician

Name: _____ Phone# _____

Address: _____

Preferred Hospital/Clinic

Name: _____ Phone# _____

Address: _____

Insurance Company Name: _____ Policy Holder: _____ Policy Number: _____ Phone Number: _____

For your child's benefit, please list and describe **any chronic health conditions or special needs**. Also, list any **serious illnesses, injuries or hospitalizations during the past 12 months**. (If your child has no chronic health problems or special needs, please write NONE)

Please list any medication(s) prescribed for daily use: _____

I acknowledge that Little Lambs Learning Center has designated every classroom as a "Peanut Free" School. No products containing peanuts are allowed.

Parent/Guardian Signature _____

Does your child have any allergies? YES or NO

If yes, please list ALL allergies and have a Pediatrician fill out the **Food Allergy & Anaphylaxis Emergency Care Plan (FARE)**

List of Allergies: _____

Allergic reaction occurs through: _____ Ingestion _____ Contact _____ Airborne

In the event the physician, person named, or parents/guardian cannot be contacted, **I HEREBY AUTHORIZE SCHOOL OFFICIALS** to take whatever action is deemed necessary in their judgment for the health and well-being of (child's name) _____, including medical and transportation to an appropriate medical facility.

In the event I cannot be contacted immediately, medical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician and hold Little Lambs Learning Center and or Shepherd of the Heart Methodist Church and its employees harmless.

I HEREBY RELEASE LITTLE LAMBS LEARNING CENTER/SHEPHERD OF THE HEART METHODIST CHURCH, in addition to the Staff of LLLC and SOTH, from any and all liability for injuries or illnesses, other than those which are a result of gross negligence on the part of the Staff of Little Lambs Learning Center and/or Shepherd of the Heart Methodist Church.

Parent/Guardian Signature _____ **Date** _____