

Student Release / Emergency Contact Information

***** This information is required by the State of Texas and kept on file for the safety of your child. It is important that this page be filled out completely. *****

In the event that I cannot be reached to make arrangements for emergency medical attention, I **HEREBY AUTHORIZE THE LLLC and/ or SHEPHERD OF THE HEART METHODIST CHURCH FACULTY/STAFF** to contact the person(s) indicated below, and do **HEREBY AUTHORIZE THE NAMED PHYSICIAN, HOSPITAL, and /or CLINIC** to render such treatments deemed necessary in an emergency for the welfare of said child. I also **HEREBY AUTHORIZE ONLY THE FOLLOWING PERSON(S)** to pick up my child when a parent or guardian is not available to do so. 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 said child, including transportation to an appropriate medical facility.

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

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

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Address _____ City _____ State _____ Zip _____ _____ Pick Up
Driver's License # _____

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Address _____ City _____ State _____ Zip _____ _____ Pick Up
Driver's License # _____

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

Primary Care Physician's Name: _____ Phone# _____
Address: _____

Preferred Hospital/Clinic Name: _____ Phone# _____
Address: _____

For your child's benefit, please list and describe any chronic health conditions or special needs. Also, list any allergies, 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 long-term, continuous use: _____

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.

Mother/Guardian Signature _____ Date _____
Father/Guardian Signature _____ Date _____

Student Information

Little Lambs Learning Center

Child's name: Last _____ First _____

Nicks 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) _____

Languages spoken at home (primary first): _____

Date of Admission: _____ Date Withdrawal _____ (Office Use Only)

Mother's Name _____ Father's Name _____

Current Home Address _____
City _____ Zip _____

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

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

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

Mother's Email _____

Father's Email _____

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

Parent's Signature _____

Publication Permission

Please check your designated choice:

_____ I hereby grant permission for Little Lambs Learning Center to display photographs of my child on the school website, Facebook, in the school building, by video and/or by any other method of communication.

_____ I hereby DO NOT grant permission for Little Lambs Learning Center to display photographs of my child on the school website, Facebook, in the school building, by video and/or by any other method of communication.

(Please note: Your child's name will **NOT** be included with photos on the website, Facebook and or outside of the classroom.)

Parent's Signature _____