

**Personal Information**

_____ Child's Name		_____ Date of Birth	_____ Age(years/months)	M    F Sex
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name		
_____ Primary Phone	_____ Work Phone	_____ Primary Phone	_____ Work Phone	
_____ Address		_____ Address		
_____ Email		_____ Email		
_____ Employer	_____ Driver License #	_____ Employer	_____ Driver License #	

**Authorized "PICK UP" Information**

_____ Primary Emergency Contact		_____ Secondary Emergency Contact		
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone	
_____ Address		_____ Address		
_____ City, ST ZIP Code		_____ City, ST ZIP Code		

**Emergency Medical Information**

\_\_\_\_\_  
Hospital/Clinic Preference

_____ Physician's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number

\_\_\_\_\_  
Allergies/Special Health Considerations (food/drug allergies, reactions, medications)

Should my child become ill or suffer an accident, I \_\_\_\_\_, hereby authorize Little Britches to administer, call for, or secure the necessary emergency care or medical attention for my child as may be deemed necessary by Little Britches Learning Center.

I, \_\_\_\_\_, understand that an effort will be made to contact me or my designate(s), if possible, before any action will be taken. ONLY in the event that neither parent/guardian can be reached in the case of an emergency

I, \_\_\_\_\_, hereby waive my right to informed consent of treatment. I also understand that any expense incurred will be accepted by me.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

I give permission for my child to go on field trips. I release Little Britches and individuals from liability in case of accident during activities related to Little Britches, as long as normal safety procedures have been taken.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date