

# Little Lamb Registration Form



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Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State/Prov Zip/PC*

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Church \_\_\_\_\_ School \_\_\_\_\_

## Approval /Consent of Parent/Guardian

As parent/guardian, we understand that the Little Lamb program is an active one which includes many opportunities for service, adventure, fun, and learning. I will support the program by:

1. Encouraging my Little Lamb to take an active part in all club meetings and functions.
2. Attending events to which parents are invited in support of my Little Lamb.
3. Assisting program leaders by serving as a helper when needed.
4. Not holding any individual program staff member liable in the event of an accidental injury.
5. Giving my permission for the above-named Little Lamb to attend Little Lamb activities.

\_\_\_\_\_  
*signature of parent/guardian*



# Little Lamb Health Record

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State/Prov Zip/PC

Home Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Last Tetanus Booster \_\_\_\_\_

Allergies to drugs or foods \_\_\_\_\_

Any special medications or pertinent information \_\_\_\_\_

List any restrictions \_\_\_\_\_

## Telephone numbers where parents may be reached

Father/Guardian \_\_\_\_\_  
Name Home Phone Business Phone CellPhone

Mother/Guardian \_\_\_\_\_  
Name Home Phone Business Phone Cell Phone

Emergency phone (friend or relative) \_\_\_\_\_

Family Physician \_\_\_\_\_  
Name Business Phone

Physician's Address \_\_\_\_\_  
Street City State/Prov Zip/PC

Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

## Authorization to Treat a Minor

I (we) the undersigned parent, parents or legal guardian of: \_\_\_\_\_  
Name of Little Lamb

In case of emergency, I hereby give permission to the physician selected by the club directors to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

As parent or legal guardian of the applicant, I am in favor of him/her attending program functions and accept the conditions named. The health history stated is correct so far as I know, and the child herein described has permission to engage in all prescribed program activities except as noted. In addition I have read and understand the Emergency Authorization statement outlined above and give my full consent to the terms found therein. Permission for photocopying of this health record is granted.

\_\_\_\_\_ date

\_\_\_\_\_ signature of parent/guardian

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 This section is for the notary to sign if your state requires it.