

The Learning Barn

2854 Country Club Rd.

Troutville, VA 24175



Critical Information Card

Student Name: _____ Date: _____

Description of Medical Conditions (including allergies): _____

_____ ***In case of emergency, I understand that custodial parents will be contacted first. However, if I/we cannot be reached, please contact the person listed below. (Please initial small line and print below.):***

Name: _____

Relationship to Student: _____

Phone: _____

Email: _____

Address: _____

_____ ***I give permission for The Learning Barn personnel to seek emergency medical care for my child. (Please initial small line and print below.)***

Health Insurance Company: _____

Policy Holder: _____

ID/Member #: _____

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_____ *In the event of an emergency, I consent to the information provided on this Critical Information Card being released to emergency personnel. (Please initial small line.)*

_____ *I understand that students will be released only to custodial parents at the conclusion of class each day, unless I specify below other individual(s) who may pick up my child. Those persons listed below will only be permitted to pick up my child if I have provided written and signed notification to The Learning Barn personnel beforehand. Proper I.D. may be requested at the time of pick-up. (Please initial on small line and print below.)*

_____ *I understand that it is my obligation to provide written notice to The Learning Barn personnel of any changes to the information I have provided on the application or on this Critical Information Card during the session in which my child is enrolled. (Please initial small line.)*

_____ *I have read and understand the policies and expectations set forth in "The Learning Barn Parent's Quick Reference Guide." (Please initial small line.)*

Custodial Parent/Guardian Name _____

Custodial Parent/Guardian Signature _____