

Hearthstone

540-987-9212 Office/Fax

The Whole Family Learning Center

540-987-9200 Lower School

Health and Emergency Information

Child's Name: _____

I, the parent and/or guardian, give my permission to Hearthstone to take my child to the hospital in an emergency situation in the event that I cannot be reached by telephone.

(Please list any special instructions you want carried out in case of an emergency)

Hospital preference: _____

Signature _____ Date: _____

Whom do we notify other than parent(s) in case of an emergency?

Name: _____ Phone: _____

Address _____

Name: _____ Phone: _____

Address: _____

Doctor's name _____ Phone: _____

General Health: _____

Special Diet: _____

Allergies: _____

Medications: _____

Additional Comments: _____

Does your child have any major difficulties such as:

Vision____, Hearing____, Speaking____, Learning____, Other _____

Please describe: _____