



## Registration and Emergency Information

This is a very important required form. **Please fill it out completely and please print clearly.** For safety reasons, this form is updated annually for every student. It is photocopied “as is” and compiled in notebooks to create the “Emergency Directories” that are given to each teacher. The original remains in the child’s school file.

<b>Child’s Name (last, first, middle)</b>	
Nickname	
Birthdate	
Gender	
<b>Parent/Guardian Name</b>	
Home Address	
Home Phone	
Cell/Alternative Phone	
Business Name/Address	
Business Phone	
<b>Parent/Guardian Name</b>	
Home Address	
Home Phone	
Cell/Alternative Phone	
Business Name/Address	
Business Phone	
<b>Physician’s Name</b>	
Physician’s phone number	

**List two friends or neighbors who may be contacted in an emergency if parents/guardians are unreachable.** You must list two contacts outside your immediate family—and provide all applicable information completely.

### Alternative contact #1

<b>Name</b>	
Relationship	
Home Address	
Home Phone	
Cell/Alternative Phone	
Business Name/Address	
Business Phone	

### Alternative contact #2

<b>Name</b>	
Relationship	
Home Address	
Home Phone	
Cell/Alternative Phone	
Business Name/Address	
Business Phone	

Child's Name: \_\_\_\_\_

**List all health problems or conditions of which school personnel should be aware, such as:**

- Allergies or intolerance to food, medication, or any other substances  
[If so, list the substance/s AND describe actions to be taken in an emergency situation.]
- Medications being taken
- Chronic physical conditions
- Any prior surgeries or serious illnesses or injuries
- Intense anxieties or fears
- Any special accommodations needed

If there are none, please write "none," "N/A," or "none known" in the space below.


**Agreements:**

1. Blacksburg New School agrees to notify the parent/guardian in the event that the child becomes ill; and the parent/guardian agrees to pick up the child as soon as possible thereafter.
2. In the event of an emergency, the parent/guardian authorizes Blacksburg New School to obtain immediate medical attention for the child if the parent/guardian is unavailable or cannot be reached.
3. The parent/guardian will inform Blacksburg New School within 24 hours, or the next business day after, if her/his child or any member of the immediate household has developed any reportable communicable disease (as defined by the State Board of Health; [www.vdh.state.va.us](http://www.vdh.state.va.us); "Reportable Disease List"). Note that life threatening diseases must be reported immediately.

Parent/Guardian Signature:

\_\_\_\_\_

Date: \_\_\_\_\_