

**2018 – 2019**  
**Contact & Medical Information**  
**Release Form**



**REGENTS**

SCHOOL OF CHARLOTTESVILLE

**CHILD**

1

\_\_\_\_\_  
 Last Name                      First Name                      Middle                      Nickname                      Date of Birth                      Grade                      Gender

Please list any allergies or ongoing conditions (include treatment, continue on back if needed)

\_\_\_\_\_  
 Medication(s) taken on a regular basis:

**CHILD**

2

\_\_\_\_\_  
 Last Name                      First Name                      Middle                      Nickname                      Date of Birth                      Grade                      Gender

Please list any allergies or ongoing conditions (include treatment, continue on back if needed)

\_\_\_\_\_  
 Medication(s) taken on a regular basis:

**CHILD**

3

\_\_\_\_\_  
 Last Name                      First Name                      Middle                      Nickname                      Date of Birth                      Grade                      Gender

Please list any allergies or ongoing conditions (include treatment, continue on back if needed)

\_\_\_\_\_  
 Medication(s) taken on a regular basis:

**CHILD**

4

\_\_\_\_\_  
 Last Name                      First Name                      Middle                      Nickname                      Date of Birth                      Grade                      Gender

Please list any allergies or ongoing conditions (include treatment, continue on back if needed)

\_\_\_\_\_  
 Medication(s) taken on a regular basis:

**Medication given by the school nurse or principal designee must be provided in original container.**

**FATHER**

\_\_\_\_\_  
 Last Name                      First Name                      Cell Phone                      Work Phone                      Email

**MOTHER**

\_\_\_\_\_  
 Last Name                      First Name                      Cell Phone                      Work Phone                      Email

**HOME**

\_\_\_\_\_  
 Street Address                      City                      State                      Zip                      Home Phone

**Parent and Home information will be published in the school directory unless otherwise notified.**

**EMERGENCY CONTACTS** - Please list 2 contacts to call if the parents are not available  
 (If divorced/separated and you wish the non-custodial parent to be a designated emergency contact, you must list below)

\_\_\_\_\_  
 Full Name                      Relation to Student                      Home Phone                      Business Phone                      Cell Phone

\_\_\_\_\_  
 Full Name                      Relation to Student                      Home Phone                      Business Phone                      Cell Phone

**MEDICAL CONTACTS**

\_\_\_\_\_  
 Pediatrician / Physician First & Last Name                      Phone                      Dentist First & Last Name                      Phone

\_\_\_\_\_  
 Health Insurance Company                      Insurance Phone                      Group #                      Subscriber ID

Hospital Preference:  UVA     MJH                      Hospital Phone Number: \_\_\_\_\_

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**Authorization to provide medication: Prescription & Over-The-Counter (OTC)**

I give permission for my child to receive 1) Prescription medication provided to the school by parent/legal guardian in original container with copy of medication information, 2) the following OTC medication at the discretion of the nurse or principal's designee (if provided by you, please label with child's name and dosage to be given). You **must check boxes below** in order for your child to receive these OTC medications.

- Acetaminophen     Ibuprofen     Benadryl     Tums     Pepto-Bismol     Cough Drops     "Tears" Lubricant Eye Drops

Other OTC (please list): \_\_\_\_\_

- I accept the preceding statement.  
Child 1, Child 2, Child 3, Child 4 (Please circle)
- I decline the preceding statement.  
Child 1, Child 2, Child 3, Child 4 (Please circle)

**Authorization to consent to medical treatment:**

In the event that a child becomes ill or injured at school in a school-related event, and I cannot be reached Regents School of Charlottesville is authorized to take one or more of the following actions:

- a) Release my child to any of the people listed above.
- b) Take my child to the physician indicated.
- c) Take my child or have my child transported by ambulance and give consent for emergency care.

Regents School of Charlottesville is not financially responsible for emergency care and transportation.

- I accept the preceding statement.  
Child 1, Child 2, Child 3, Child 4 (Please circle)
- I decline the preceding statement.  
Child 1, Child 2, Child 3, Child 4 (Please circle)

**Release to participate in physical education, school trips and co-curricular activities:**

I give consent for my child to participate in Regents School of Charlottesville approved sports, co-curricular activities, and school trips with transportation being provided by any parent, coach, paid carriers, or other representatives of the school. I understand that participating in physical education and athletics at Regents School of Charlottesville that my child will be exposed to risk of serious injury, including, but not limited to injuries such as, sprains or fractures, and injuries that could result in brain damage, paralysis, or even death. I understand that Regents School of Charlottesville does not assume any responsibility in case an accident occurs. In consideration for my child being permitted to take part in such activities and to make such trips, I hereby waive all claims, and I release, indemnify, defend, and hold harmless Regents School of Charlottesville, its Directors, Head of School, faculty, coaches, agents, employees, and invitees together with all persons, including parents and students of Regents School of Charlottesville, assisting with any phase of such activities and trips (excluding paid certified carriers, Association of Classical Christian Schools (ACCS), from any and all liability, claims, suits, demands or causes of action, including all expenses of litigation and/or settlement, which may arise in connection with such activities and trips. Vehicles will be operated and insured as required by Virginia Commonwealth Law. You will be informed in advance of trips.

If between the date of this agreement and the beginning of P.E. class, school trip, athletic practice or game, or any other Regents sponsored event, any illnesses or injuries should occur that might limit this student's participation, I agree to notify Regents School of Charlottesville Head of School, teachers, and coaches.

- I accept the preceding statement.  
Child 1, Child 2, Child 3, Child 4 (Please circle)
- I decline the preceding statement.  
Child 1, Child 2, Child 3, Child 4 (Please circle)

**Photo Usage:**

I hereby give consent to Regents School of Charlottesville to use photographs of my child(ren), in advertising publications, including but not limited to print, video, and electronic media produced by Regents School of Charlottesville.

- I accept the preceding statement.  
Child 1, Child 2, Child 3, Child 4 (Please circle)
- I decline the preceding statement.  
Child 1, Child 2, Child 3, Child 4 (Please circle)

Parent / Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_