

## Montgomery Regional Hospital Admission Information

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: Female  Male

Local Address: 214 Litton Reaves Hall Blacksburg, VA 24060 Local Telephone: 540-231-6836

Permanent Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Person to Notify: Curtis Friedel Relation: Director, Virginia Governor's School for Agriculture

Address: 214 Litton Reaves Hall Blacksburg, VA 24060 Telephone: 540-231-8177

Guarantor: \_\_\_\_\_ Relation \_\_\_\_\_ Social Security # \_\_\_\_\_

Guarantor's Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Insurance: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

Insurance Phone: \_\_\_\_\_

Policy holder Name: \_\_\_\_\_ Policy holder DOB: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

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