

THE GOVERNOR'S SCHOOLS OF WEST VIRGINIA
West Virginia Department of Education and the Arts
Building 5, Room 205
1900 Kanawha Boulevard East
Charleston, WV 25305
(304) 558-2440

Gayle Manchin
Cabinet Secretary

Sherry Keffer
Director

May 1, 2017

Dear Outstanding Artist,

How exciting it is that you are going to join other young artists for an unforgettable experience at the Governor's School for the Arts! As free spirited as we artists like to be, we live in the real world where facts have to be gathered and charts have to be made, so we have a few of those real-world jobs for you to do now.

Please make this easier for all of us by completing and returning the following forms, which include student information, medical data, and other permission documents.

Directions for Completing Forms

All of the following forms are to be mailed (postmarked) no later than Saturday, June 3, 2017 to:

Dreama Pritt, Assistant Dean
WV Governor's School for the Arts
Marshall University
English Department, Corbly Hall
One John Marshall Drive
Huntington, WV 25755

GSA will be a wonderful experience for you. I look forward to seeing you **Sunday, June 25.**

With great anticipation,

Sherry L. Keffer

Sherry Keffer, Director, Governor's Schools of West Virginia



Name: _____

First

Middle

Last

Artistic Discipline

WV GSA - STUDENT INFORMATION FORM

Type or print clearly in **black** ink. (Use the white boxes, not the shaded ones)

Full Name

Last	Middle
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First	E-mail Address
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Date of Birth (mm-dd-yyyy)

Age:

Place of Birth

Contact Information

Street Address	Primary Phone
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City	State and ZIP	County
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High School	Preferred Name (for nametag)
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Gender (check one)

Adult T-Shirt Size (check one)

Female **Male** **Other:**

Small Medium Large

Preferred Pronouns:

XL XXL XXXL

Publicity Release

The undersigned hereby grant permission to the West Virginia Governor's Uej qqrñqt'yj g'Ctu, the Qhleg'qh'Ugetgct{ of Education and the Arts, Marshall University and its representatives and successors, to use identified photographs, video and audio recordings, and press releases of the student for the purpose of publicity and other promotions, including Internet publications. The student's name and address may be released to institutions providing educational excellence, and photos and contact information may be printed in a student directory.

Signature of Student

Date

Signature of Parent/Guardian

Date

Release from Liability

The undersigned hereby release the West Virginia Governor's "Uej qqrñqt'yj g'Ctu."and its staff, the Qhleg'qh'Ugetgct{ of Education and the Arts, and Marshall University from any and all claims arising from the undersigned student's participation in the WV GSA.

Signature of Student

Date

Signature of Parent/Guardian

Date

Rules Agreement and Field Trip Permission

Having reviewed and discussed (student/parent/guardian) the rules in the Handbook for attendance, participation, and living applicable to the West Virginia Governor's Uej qqrñqt'yj g'Ctu."at Marshall University, the undersigned student agrees to abide by all rules of the school and commit to attend the GSA from June 25-July 15. The undersigned parent/guardian gives permission for the for the student to participate in any field trips planned and organized by the GSA.

Signature of Student

Date

Signature of Parent/Guardian

Date

Consent to Participate

I, the undersigned student, hereby acknowledge that I have read the *Handbook for Students and Parents* and that I agree to participate fully in the activities of the Governor's School for the Arts. I agree to follow the rules in the Handbook and set by the Dean0Cf f kkpccm{ .Kci tgg"q"y gct"o {"pco g'vc "cv'cm'vto gu" y j gp"Kco "qw'qh'yj g'f qto kqt{O'

I, the undersigned parent/guardian of the student named in this document, consent to my child's participation in the GSA. Having read the *Handbook for Students and Parents*, I have discussed behavior expectations with my child. I assume personal responsibility for any costs of medical attention or injuries my child may sustain, as well as for any damage to property resulting from my child's behavior. If my child's behavior results in expulsion from GSA, I will be personally responsible for any and all transportation arrangements (within the time frame required) and any and all associated costs.

Signature of Student

Date

Signature of Parent/Guardian

Date

Name: _____

First

Middle

Last

Artistic Discipline

WV GSA - EMERGENCY CONTACT & MEDICAL INFORMATION FORM, PAGE 1

The information on this form is gathered to assist us in identifying appropriate care. Any changes of the information on this form after it is sent in should be provided to WV GSA personnel upon your arrival. Provide complete information so that the WV GSA can be aware of your needs. **Please notify the WV GSA if the herein named student is exposed to any communicable disease during the four weeks previous to arrival.**

Emergency Contact #1

Full Name	Relation to Student
Day Telephone	Evening Telephone

Emergency Contact #2

Full Name	Relation to Student
Day Telephone	Evening Telephone

Family Physician

Full Name	Office Address
Day Telephone	Evening Telephone, if available

Permission to Provide Necessary Treatment or Emergency Care

As the legally recognized parent or guardian of the individual named above, by signature below, I hereby give authority and permission to the GSA staff, the staff of Marshall University, and licensed medical professionals to obtain and provide necessary medical treatment, including, but not limited to, diagnostic X-rays, routine tests, and treatment, including hospitalization; to release any records necessary for medical or insurance purposes; to provide or arrange necessary related transportation for my child; to administer, as needed, the over-the-counter medications listed below (strike through any exceptions); and to copy this completed form (to accompany the participant on trips outside of our facility). I understand that every practical effort will be made to contact me or other parents or guardians of the participant if a medical emergency occurs. **I have also enclosed a copy of both sides of the medical insurance card that covers the individual named above. (Do NOT send the actual insurance card)**

Over-the-Counter Medications and indications:

Yes	No	Yes	No
	Sunscreen, topically for sun exposure		Robitussin (Guifenesin), per weight/age dosing for cough
	Bug Repellant, topically		Benadryl (Diphenhydramine) oral, per directions for weight/age for rash/itch, rhinitis, sneezing, itchy eyes without acute asthma episode
	Maalox/Tums, for upset stomach/heartburn		Tylenol, per weight/age dosing, for pain, fever, headache
	Milk of Magnesia, for constipation		Motrin, per weight/age dosing, for pain
	Kaopectate, for diarrhea		Throat Lozenge, for sore throat
	Calamine/Anti-itch lotion, topically, for itch/contact dermatitis		Dramamine (Dimenhydrinate)/meclizine, for motion sickness
	Throat Bacitracin/Triple Antibiotic Ointment, topically, for wound care/infection prevention		Epinephrine and Benedryl, for severe anaphylactic reaction

Signature of Student	Date	Signature of Parent/Guardian	Date
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General Questions

Has/does the participant:	Yes	No	Yes	No
1. Had any recent injury, illness or infectious disease?			15. Ever been diagnosed with a heart murmur?	
2. Have a chronic or recurring illness/condition?			16. Ever had back problems?	
3. Ever been hospitalized?			17. Ever had problems with joints? (e.g. knees, ankles)?	
4. Ever had surgery?			18. Have any skin problems?	
5. Have frequent headaches?			19. Have diabetes?	
6. Ever had a head injury?			20. Have asthma?	
7. Ever been knocked unconscious?			21. Had mononucleosis in the past 12 months?	
8. Wear eyeglasses, contacts, or protective eye wear?			22. Had problems with diarrhea/constipation?	
9. Ever had frequent ear infections?			23. Have problems with sleepwalking?	
10. Ever passed out during or after exercise?			24. If female, have an abnormal menstrual history?	
11. Ever been dizzy during or after exercise?			25. Have a history of bed-wetting?	
12. Ever had seizures?			26. Ever had an eating disorder?	
13. Ever had chest pain during or after exercise?			27. Ever had emotional difficulties requiring professional help?	
14. Ever had high blood pressure?				

Please explain any "yes" answers, noting the number of the questions (attach additional pages as necessary). _____

Name: _____
First Middle Last Artistic Discipline

WV GSA - EMERGENCY CONTACT & MEDICAL INFORMATION FORM, PAGE 2

Are the above-named student's immunization requirements compliant with West Virginia School Law?

_____ Yes _____ No

If you are not sure, list the dates of the following immunizations:

DPT _____ Chicken Pox _____ Tuberculosis _____

Tetanus/Diphtheria _____ Tetanus _____ Polio _____

MMR _____ or Measles _____ or Mumps _____ or Rubella _____

Date of last Tetanus Booster: _____

Have you ever had a positive TB Test? _____ yes _____ no. If yes, when? _____

Allergies – List all known allergies, describe reaction, and describe management of the reaction

Medication allergies

Food allergies

All Other allergies (Please include insect stings and environmental allergies, using extra paper if necessary. Be specific)

Medications being taken

Please list ALL medications, including over-the-counter or non-prescription drugs, taken routinely. Bring sufficient amounts of medication to last the entire time at the GSA. Keep it in the original package or bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Mark one:

This person takes NO medications on a routine basis, or

This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Check here if additional page(s) are attached for more medications or other pertinent medical information.)

Special Dietary Needs--Please note special dietary needs here so that plans can be made with the food service.

This health history is correct and complete as far as I know.

Parent/Guardian Signature

Date

Student Signature

Date

Name: _____

First

Middle

Last

Artistic Discipline

STUDENT REPRESENTATIVE TO GOVERNOR'S SCHOOLS ADVISORY COUNCIL AGREEMENT

Each year, one male and one female student are elected by their GSA peers to sit on the Governor's Schools Advisory Council. This is an honor with concomitant responsibility. The elected students must be able to come to Charleston three times during the school year: a one-day meeting, a two-day meeting, and another trip to address the legislature. When overnight stay is involved, minor students must be accompanied by an adult, so this is a commitment by parents as well. The Office of Education and the Arts will directly cover the cost of lodging; meals and mileage will be reimbursed at the allowable state rate. [I realize that if I am elected this year, I will not be eligible to run next year to represent the Governor's Honors Academy.]

If elected to the Governor's Schools Advisory Council, I will fulfill the obligations described above.

Student Signature: _____ Date _____

If my son/daughter is elected as student representative to the Governor's Schools Advisory Council, I will support their responsibilities as described above.

Parent Signature: _____ Date _____

Final Checklist of items to be sent, postmarked no later than June 3, 2017, to:

**Dreama Pritt, Assistant Dean
WV Governor's School for the Arts
Marshall University
English Department, Corbly Hall
One John Marshall Drive
Huntington, WV 25755**

1. STUDENT INFORMATION FORM	4 COPY OF INSURANCE CARD, FRONT AND BACK
2. EMERGENCY CONTACT & MEDICAL INFORMATION FORM, PAGE 1	5. STUDENT REPRESENTATIVE TO GOVERNOR'S SCHOOLS ADVISORY COUNCIL AGREEMENT
3. EMERGENCY CONTACT & MEDICAL INFORMATION FORM, PAGE 2	6. IF NEEDED: ADDITIONAL PAGES LISTING MEDICATIONS OR OTHER PERTINENT MEDICAL INFORMATION



Name: _____

First

Middle

Last

Artistic Discipline

Although we value your participation in the Governor's School for the Arts, we understand that circumstances may arise that would prevent you from joining us this summer. We encourage you to contact us as soon as possible if you are considering withdrawing from the program. If withdrawal is the course of action best suited to your situation, please complete this form and send it to us as soon as possible, so that we may extend an opportunity to another student.

Director Sherry Keffer, Sherry.L.Keffer@wv.gov, (304) 558-2440

Dean Maribea Barnes, barnesm@marshall.edu, (304) 696-2895

Assistant Dean Dreama Pritt, professor.pritt@marshall.edu, (304) 696-3344

STATEMENT OF WITHDRAWAL FROM WV GSA 2017

I, the undersigned student, hereby withdraw from participation in the 2017 WV Governor's School for the Arts. I understand that this withdraw is final that I will not be able to rejoin the program, and that my place will be filled by another student.	I, the undersigned parent/guardian of the student named in this document, acknowledge and consent to my child's withdrawal from the 2017 WV Governor's School for the Arts. I understand that this withdraw is final that my child will not be able to rejoin the program, and that their place will be filled by another student.
Signature of Student	Signature of Parent/Guardian
Date	Date

This page needs to be completed only if withdrawal is necessary before the WV GSA program begins on June 25, 2017. Please send an email explaining your intent to withdraw ASAP to Sherry Keffer, Director of Governor's Schools, and Dreama Pritt, Assistant Dean, using the email addresses above, AND mail this completed form to

**Dreama Pritt, Assistant Dean
WV Governor's School for the Arts
Marshall University
English Department, Corbly Hall
One John Marshall Drive
Huntington, WV 25755**