

West Virginia Governor's School for Math and Science 2017—Student Information			
Please print clearly in black ink. If you cannot print clearly, please have someone else complete this form. Do not print in the colored boxes. They are for directions only.			
<b>Name</b>			
Last		Suffix (Jr., Sr., III)	
First Name		Middle Initial	
		Nickname (first name you want on your name tag)	
Date of Birth (mm-dd-yyyy)		Age	
		Student's Cell Phone Number while at GSMS	
Street Address		Home Telephone	
City		E-Mail Address	
State and ZIP			
Gender (circle one)		Adult T-Shirt Size (circle one)	
Male                      Female		S      M      L      XL      XXL	
Name of Your School		School District (County)	
<b>Publicity Release</b>			
The undersigned hereby grant permission to the West Virginia Governor's Schools and West Virginia State University 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 of education. Photographs and contact information may also be used in the student directory.			
<b>Signature of Student</b>		<b>Signature of Parent/Guardian</b>	
<b>Date</b>		<b>Date</b>	
<b>Release from Liability</b>			
The undersigned hereby release the West Virginia Governor's Schools, the Office of Secretary of Education and the Arts and West Virginia State University from any and all claims arising from the undersigned student's participation in the WVGSMMS.			
<b>Signature of Student</b>		<b>Signature of Parent/Guardian</b>	
<b>Date</b>		<b>Date</b>	
<b>Consent to Participate</b>			
The undersigned student hereby acknowledges the following: I have read the entire <i>Handbook for Students and Parents</i> and I agree to participate fully in the activities of the GSMS, including attending the full session. I also agree to follow the rules set by the Academy dean. I fully understand that I am to wear my name tag at all times when I'm out of the dormitory.		The undersigned parent/guardian hereby consents to the following: I agree to my child's participation in the GSMS. We have discussed behavior expectations, and I have read the accompanying handbook. I assume personal responsibility for any costs of medical attention or injuries my child may sustain. <b>I am attaching a photocopy of my health insurance/hospitalization card.</b>	
<b>Signature of Student</b>		<b>Signature of Parent</b>	
<b>Date</b>		<b>Date</b>	

Name of Student: \_\_\_\_\_

**West Virginia Governor's Schools Emergency Contact and Medical Information**

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 should be provided to the WVGSMS personnel upon your arrival. Provide complete information so that the GSMS can be aware of your needs. Please notify GSMS immediately if exposed to a communicable disease during the four weeks prior to arrival.

**Emergency Contact #1**

Day Telephone	Evening Phone	Cell Phone
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**Emergency Contact #2**

Full name	Relation to Student
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Day Telephone	Evening Phone	Cell Phone
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**Family Physician**

Full Name	Day Phone	Evening Phone
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**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 WVGSMS and its staff 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 many 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 which will accompany the student on trips outside the host campus. I understand that every practical effort will be made to contact me or other parents or guardians of the student 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.**

Over-the-Counter Medications and Indications  
 Topical sunscreen for sun exposure  
 Topical Bug Repellant  
 Maalox/Tums (and similar produces) for upset stomach  
 Milk of Magnesia for constipation  
 Kaopectate or Ammodium for diarrhea  
 Anti-itch lotion  
 Benadryl (generic)

Antibiotic Ointment  
 Cough Tylenol for fever, pain, headache  
 Ibuprofin for fever, pain, headache  
 Throat lozenges for sore throat  
 Dramamine or its generic for motion sickness  
 Benedrine and Epinephrine for sever anaphylactic reaction  
 Cough syrup

Signature of Student	Date	Signature of Parent/Guardian	Date
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**General Questions (Check appropriate column)**

Has/does the student	Y	N		Y	N
1. Had any recent injury, illness or infectious disease?			15. Ever been diagnosed with a heart murmur?		
2. Have a chronic or recurring illness or condition?			16. Ever had back problems?		
3. Ever been hospitalized?			17. Ever had problems with joints, e.g., knees or ankles?		
4. Ever had surgery?			18. Have any skin problems?		
5. Have frequent headaches?			19. Have asthma?		
6. Ever had a head injury?			21. Had mononucleosis in past 12 months?		
7. Ever been knocked unconscious?			22. Had problems with diarrhea/constipation		
8. Wear eyeglasses/contacts/protective eyewear?			23. Have problems with sleepwalking?		
9. Ever had frequent infections?			24. Have a history of bed-wetting?		
10. Ever passed out during or after exercise?			25. If female, abnormal menstrual history?		
11. Ever been dizzy during or after exercise?			26. Ever had an eating disorder?		
12. Ever had seizures?			27. Ever had emotional difficulties requiring professional help?		
13. Ever had chest pain during or after exercise?					
14. Ever had high blood pressure?					

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


Name of Student \_\_\_\_\_

Medical Information Page Two

Please list any chronic conditions such as asthma or diabetes

List all prescribed medications the student will bring. Prescriptions must be in the original package or bottle that identifies the prescribing physician, the name of the medication, the dosage and frequency of administration. Medication be kept and dispensed by a staff member.

Date of last Tetanus booster:

Allergies

Medication Allergies:

Food Allergies:

Other allergies (Please include stings and environmental allergies)

Special dietary needs (Provide this information so that we can make arrangements with the dining hall staff.)

Immunizations : Are the student's immunizations compliant with West Virginia School Law? YES NO

If no, immunizations must be completed and verified.

Attach a **copy** of your health insurance information .

Parent and Student Statements : This health history is correct and complete to the best of my knowledge.

Parent Signature: \_\_\_\_\_ Date:

Student Signature: \_\_\_\_\_ Date:

**Remember to attach copy—front and back—of insurance card**