

**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

**Kay Goodwin**  
Cabinet Secretary

**Sherry Keffer**  
Director

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May 17, 2016

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, the description of a celebration we will have to honor someone who has mentored you in the arts and some other permission documents.

### **Directions for Completing Forms**

All of the following forms are to be mailed by June 2, 2016

Mr. John Waltz, assistant dean  
W.Va. Governor's School for the Arts  
West Virginia Wesleyan College  
59 College Avenue  
Buckhannon, WV 26201

GSA will be a wonderful experience for you. I look forward to seeing you **Sunday, June 26.**

With great anticipation,



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

## WV GSA - STUDENT INFORMATION FORM

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

### Full Name

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

### Contact Information

Street Address		Home Phone
City	State and ZIP	
High School and County		Preferred Name (to be used on nametag)

### Gender (circle one)

### Adult T-Shirt Size (circle one)

<b>Male</b>	<b>Female</b>	Small	Medium	Large
		XL	XXL	XXXL

### Publicity Release

The undersigned hereby grant permission to the West Virginia Governor's Honors Academy, the West Virginia Department of Education and the Arts, West Virginia Wesleyan College, 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
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### Release from Liability

The undersigned hereby release the West Virginia Governor's Honors Academy and its staff, the West Virginia Department of Education and the Arts, and West Virginia Wesleyan College 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
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### 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 Honors Academy at West Virginia Wesleyan College, the undersigned student agrees to abide by all rules of the school and commit to attend the GSA from June 26-July 16. The undersigned parent/guardian gives permission for the student to participate in any field trips planned and organized by the GSA.

Signature of Student	Date	Signature of Parent/Guardian	Date
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### Consent to Participate

<p>The undersigned student hereby acknowledges that I have read the <i>Handbook for Students and Parents</i> and that I agree to participate fully in the activities of the Governor's School for the Arts. I agree to follow the rules set by the dean, and I fully understand that my cell phone/communicative device will be left in the dorm while I am in class or a planned program or activity unless my teacher requests that it be used in class.</p> <p>I agree to wear my name tag at all times when I am out of the dormitory.</p>	<p>I, the undersigned parent/guardian of the student named in this document, consent to my child's participation in the GSA. Having read the <i>Handbook for Students and Parents</i>, I have discussed behavior expectations with him/her. 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 son's/daughter's behavior.</p>
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Signature of Student	Date	Signature of Parent/Guardian	Date
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Name: \_\_\_\_\_

Last, First Middle

**WV GSA - 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 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 West Virginia Wesleyan College, 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:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Sunscreen, topically for sun exposure</li> <li>• Bug Repellant, topically</li> <li>• Maalox/Tums, for upset stomach</li> <li>• Milk of Magnesia, for constipation</li> <li>• Kaopectate, for diarrhea</li> <li>• Calamine/Anti-itch lotion, topically, for itch/contact dermatitis</li> <li>• Throat Bacitracin/Triple Antibiotic Ointment, topically, for wound care infection prevention</li> </ul> | <ul style="list-style-type: none"> <li>• Robitussin (Guifenesin), per weight/age dosing for cough</li> <li>• Benadryl (Diphenhydramine) oral, per directions for weight/age for rash/itch, rhinitis, sneezing, itchy eyes without acute asthma episode</li> <li>• Tylenol, per weight/age dosing, for pain, fever, headache</li> <li>• Motrin, per weight/age dosing, for pain</li> <li>• Throat Lozenge, for sore throat</li> <li>• Dramamine (Dimenhydrinate)/meclizine, for motion sickness</li> <li>• Epinephrine and Benedryl, for severe anaphylactic reaction</li> </ul> |
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<b>Signature of Student</b>	<b>Date</b>	<b>Signature of Parent/Guardian</b>	<b>Date</b>
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**General Questions**

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

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

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Student Name \_\_\_\_\_ Med Information Page Two

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.

Check 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 \_\_\_\_\_

(Attach additional pages for more medications.)

**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**

**STUDENT REPRESENTATIVE TO GOVERNOR’S SCHOOLS ADVISORY COUNCIL**

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 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 his responsibilities as described above.

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

Final Checklist of items you are to send to  
**John Waltz, assistant dean**  
**Governor’s School for the Arts**  
**West Virginia Wesleyan College**  
**59 College Avenue**  
**Buckhannon, WV 26201**

1. Signature Form	2. Include Copy of Insurance Card
3. Medical Information (2 pages)	4. List of special dietary needs
5. Student Rep Form, if applicable	