

West Virginia Governor's School for Math and Science 2016

West Virginia State University
 Kitty McCarthy, Student Affairs
 P.O. Box 1000
 Institute, WV 25112

Please print clearly in black ink. Return forms to Kitty McCarthy 

Full Name _____ For students currently in Grade 8

Publicity Release			
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.			
Signature of Student	Date	Signature of Parent/Guardian	Date
Release from Liability			
The undersigned hereby release the West Virginia Governor's Schools, the West Virginia Department of Education and the Arts and West Virginia State University from any and all claims arising from the undersigned student's participation in the WVGMSMS.			
Signature of Student	Date	Signature of Parent/Guardian	Date
Consent to Participate			
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 GSMS 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. I am attaching a photocopy of my health insurance/hospitalization card.	
Signature of Student	Date	Signature of Parent	Date
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 WVGMSMS 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		Antibiotic Ointment	
Topical sunscreen for sun exposure		Cough Tylenol for fever, pain, headache	
Topical Bug Repellant		Ibuprofen for fever, pain, headache	
Maalox/Tums (and similar produces) for upset stomach		Throat lozenges for sore throat	
Milk of Magnesia for constipation		Dramamine or its generic for motion sickness	
Kaopectate or Immodium for diarrhea		Benedrine and Epinephrine for sever anaphylactic reaction	
Anti-itch lotion		Cough syrup	
Benadryl (generic)			
Signature of Student	Date	Signature of Parent/Guardian	Date
Accuracy of Health Information and Online Forms			
The health history and all online forms are correct and complete to the best of my knowledge.			
Please attach a copy of your health insurance information.			
Signature of Student	Date	Signature of Parent/Guardian	Date