



## **North Carolina Governor's School – 2021 Forms Packet for Selected/Accepting Students**

This packet is only for students who are selected by the state Office of the North Carolina Governor's School to attend the 2021 summer session and have accepted that invitation. Other students (e.g., students who declined their selection, were nominated but not selected, or are simply interested in applying next year, etc.) **should not** complete or submit any of these forms.

### INSTRUCTIONS:

- **Print this entire packet.**
- **Read over each form prior to completion.** Some require input from a doctor or other medical professional. Also, additional information (e.g., insurance card) may be required as an attachment.
- **Write legibly.** Accuracy is very important, especially for names, emails, phone numbers and medications. When possible, write in BLOCK LETTERS.
- **Obtain signatures.** Forms unsigned by the appropriate person(s) are not acceptable.
- **Scan/save each completed form SEPARATELY.** You will be uploading these forms separately, so save them as individual files, preferably as PDFs.
- **Submit all forms by the deadline – MONDAY, JUNE 7.** Do not mail/email forms, and refrain from sending forms a bit at a time. Instead, upload them individually to the secure [Google form](#).
- **Do not call/email to ask if your packet was received.** The Governor's School Office will automatically have access to anything you upload to the secure Google form. Your campus's office staff will contact you only if something is missing/incomplete.

### FORMS TO COMPLETE

1. **General Health Information** (include insurance info/card)
2. **Governor's School Honor Code**
3. **Over-the-Counter Medical Administration** (requires med. professional's signature)
4. **Physical Examination** (requires med. professional's signature)
5. **Publicity Release**

Contact [ncgovschool@dpi.nc.gov](mailto:ncgovschool@dpi.nc.gov) with any questions about forms.

# GENERAL HEALTH INFORMATION FORM (page 1 of 2)

North Carolina Governor's School 2021 – Due Date: June 7, 2021

## Directions to the Parent/Guardian:

- Complete both pages and sign.
- Upload both a copy of this form AND a copy (FRONT AND BACK) of your child's health insurance card.

Student Name _____				
Gender _____	Date of Birth _____	Student's Cell # _____		
Parent/Guardian Name _____		Parent's Email Address _____		
Parent's Phone # (1 <sup>st</sup> option) _____		(2 <sup>nd</sup> option) _____		
Home Address _____				
Street and Number		City	State	Zip Code
<b>In case of emergency, contact (other than parent):</b>				
Name _____		Relationship _____		
Best Phone # _____		Best Email Address _____		

The information below is necessary for the Governor's School to better plan for and make decisions regarding the welfare of your child should special needs arise during the Governor's School session. All information will be kept confidential by medical and administrative staff and will in no way prejudice your child's Governor's School experience. Full disclosure will permit the most appropriate and effective response to his/her needs.

**Answer questions; explain "Yes" answers below. Circle questions you cannot answer.**

	Yes	No		Yes	No
1. Has a doctor ever denied or restricted your child's participation in sports or any other activity?	<input type="checkbox"/>	<input type="checkbox"/>	7. Does your child have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	8. Has your child ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your child have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	9. Does your child have sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your child ever had (check all that apply)?			10. Has your child had any vision problems?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High blood pressure			11. Does your child wear glasses, contact lenses or hearing aids?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High cholesterol			12. Do you or your child have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has a doctor ever ordered a test for your child's heart? (for example: echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	13. Does your child have or is your child being treated for a mental health diagnosis?	<input type="checkbox"/>	<input type="checkbox"/>
6. Was your child born without or is he/she missing a kidney, an eye, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>			

Explain "Yes" answers here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list any prescription or nonprescription (over-the-counter) medicines or pills your child is currently taking:**

Name of drug	Dosage	Dosage instructions	Diagnosis/reason for medication	How long child has been taking this
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## GENERAL HEALTH INFORMATION FORM (page 2 of 2)

Check the box if your child has a history of any of the conditions below. Give approximate dates and explanations where appropriate.

	Yes	Date(s)		Yes	Date(s)
1. Frequent colds	<input type="checkbox"/>	_____	11. Frequent sore throats	<input type="checkbox"/>	_____
2. Kidney trouble	<input type="checkbox"/>	_____	12. Bronchitis	<input type="checkbox"/>	_____
3. Chickenpox	<input type="checkbox"/>	_____	13. Athlete's foot	<input type="checkbox"/>	_____
4. Sinusitis	<input type="checkbox"/>	_____	14. Chronic depression	<input type="checkbox"/>	_____
5. Headaches	<input type="checkbox"/>	_____	15. Eating disorders	<input type="checkbox"/>	_____
6. Abscessed ears	<input type="checkbox"/>	_____	16. Sleepwalking	<input type="checkbox"/>	_____
7. Convulsions	<input type="checkbox"/>	_____	17. Upset stomach	<input type="checkbox"/>	_____
8. Fainting	<input type="checkbox"/>	_____	18. Serious Ivy, Oak, or Sumac Poisoning	<input type="checkbox"/>	_____
9. Rheumatic fever	<input type="checkbox"/>	_____	19. Tuberculosis	<input type="checkbox"/>	_____
10. Constipation	<input type="checkbox"/>	_____	20. Mononucleosis (mono)	<input type="checkbox"/>	_____

	Yes	Date(s)	Explanation
21. Operations or serious injuries	<input type="checkbox"/>	_____	_____
22. Hospital admission or outpatient treatment	<input type="checkbox"/>	_____	_____
23. Physical disabilities that require special care	<input type="checkbox"/>	_____	_____
24. Mental/emotional health problems/needs	<input type="checkbox"/>	_____	_____
25. Specific activities to be discouraged	<input type="checkbox"/>	_____	_____

**IMPORTANT:** Please notify the Governor's School if your child is exposed to any communicable diseases during the three weeks prior to Governor's School opening.

**IN CASE OF EMERGENCY:** I understand every effort will be made to contact parents or guardians of students. In the event I cannot be reached, I hereby give permission to the physician selected by the school to consult with my child's medical or psychological professional, to hospitalize and/or secure proper treatment for, and to order injections, anesthesia or surgery for my child, as named above. The medical and/or psychological professionals to contact are:

Doctor's Name \_\_\_\_\_

Medical Specialty \_\_\_\_\_ Telephone \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Medical Specialty \_\_\_\_\_ Telephone \_\_\_\_\_

### HEALTH INSURANCE INFORMATION

**Prepare to submit a copy (front and back) of your child's health insurance card.**

**Doctors, hospitals, and pharmacies require a copy. If your child has no insurance, write NO INSURANCE below.**

- I understand that if my child is *not covered by insurance*, I assume responsibility for the costs of any medical services provided.
- I hereby state that, to the best of my knowledge, the information I have provided on this form is complete and correct.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

# GOVERNOR'S SCHOOL HONOR CODE

## North Carolina Governor's School 2021 – Due Date: June 7, 2021

All Governor's School students are privileged recipients of the benefits of a program supported and administered by the North Carolina Department of Public Instruction (NCDPI) and thereby represent North Carolina's public and private schools. State leaders, NCDPI, and the represented schools expect Governor's School students to act maturely and to behave responsibly. The Governor's School Board of Governors has established a code of conduct that governs the school's communal life and the Site Director, faculty, teaching assistants/counselors, and staff direct and support students in living within this code. Throughout the history of the Governor's School, the *Honor Code* has proven vital to this community's maintaining its focus on essential matters. Individual students are responsible for the choices they make while in residence. Any *Honor Code* violation will be thoroughly but quickly reviewed by the Site Director and the Coordinator. Consequences will be determined on a case-by-case basis and can include prompt student dismissal from the Governor's School with the violation reported to the student's school/school system (Superintendent, Principal, and Guidance Counselor). \*

To signify your agreement and promise to live within this *Honor Code*, both you and your parent/guardian must sign below. You become a Governor's School student bound by its code of honor when you arrive on campus and register.

1. I will maintain the integrity of the Governor's School community and not violate the host school's policies or state or federal laws including, but not limited to, possession or use of a weapon, theft, shoplifting, vandalism, and willful or negligent destruction of property.
2. I will not possess or use tobacco (including e-cigarettes), alcohol, illegal drugs, controlled substances, or drug paraphernalia.
3. I will refrain from verbal and/or nonverbal behavior that can be reasonably interpreted as threatening, abusive or intimidating to others.
4. I will refrain from inappropriate sexual conduct including, but not limited to, unseemly public displays of affection. I understand that aside from the approved parlors, students ~~and visitors~~ are strictly forbidden from entering other residence halls ~~reserved for students of another gender~~. (NOTE: No visitors are allowed for the 2021 Governor's School. Also, students will not be allowed to visit other residence halls, regardless of gender.)
5. I understand that I may not have a motor vehicle on campus. I will only ride in a motor vehicle that is driven by Governor's School staff on school business ~~or by parents or persons indicated on the parental consent form during the specified weekend visiting hours. I will invite and/or entertain visitors on campus only within established weekend visiting hours.~~ (NOTE: No student off-campus travel, other than for medical reasons, or visitors are allowed for the 2021 Governor's School.)
6. I will abide by the established curfews and boundary lines. ~~I will only leave campus to participate in school functions or to walk within the boundaries drawn by the school during the approved hours. I understand that even when I am not on campus, I am still bound by the rules of this Honor Code.~~ (NOTE: No student off-campus travel, other than for medical reasons, is allowed for the 2021 Governor's School.)

\*The *Student Handbook* contains other Governor's School academic and residential expectations and host school policies. The Director may also dismiss or put students on probation for serious or repeated violations of these expectations including, but not limited to, the established principle that *students will attend all assigned classes, and required events (concerts, performances, assemblies, etc.)*.

**I have read and I understand the *Honor Code*, and I agree to abide by it and other expectations as noted in the *Student Handbook* and in other communications by Governor's School administration, faculty, and staff.**

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student Signature

**I understand my child has agreed to abide by the *Honor Code* and I will encourage my child to follow it and the expectations noted above.**

\_\_\_\_\_  
Parent/Guardian Signature

# OVER-THE-COUNTER MEDICAL ADMINISTRATION FORM

North Carolina Governor's School 2021 – Due Date: June 7, 2021

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

Drug Allergies (if none, state NONE) \_\_\_\_\_

## PLEASE CHECK THE BOX THAT APPLIES:

☐

ALL the medications below may be administered under direction of the Medical Coordinator.

☐

ONLY THOSE MARKED may be administered under direction of the Medical Coordinator.

(NOTE: If you do not allow administration of any of these, do not mark any boxes.)

## NON-PRESCRIPTION MEDICATIONS:

### REASON

### NAME OF MEDICATION

#### Pain/Headache

☐ Tylenol (Acetaminophen)

☐ Advil/Motrin (Ibuprofen)

☐ Aleve (Naproxen)

#### Muscle Aches

☐ Biofreeze Gel

#### Allergy Symptoms

☐ Claritin (Loratadine)

☐ Benadryl (Diphenhydramine)

☐ Zyrtec (Cetirizine)

#### Cold/Cough

☐ Sudafed (Pseudoephedrine)

☐ Delsym (Dextromethorphan)

☐ Mucinex (Guaifenesin)

#### Sore Throat

☐ Cough Drops

☐ Throat Lozenges

#### Eye Irritation

☐ Allergy Eye Drops

#### Stomach Distress

☐ Tums

#### Abrasion/Cuts

☐ Bacitracin Ointment

#### Skin Rash/Irritation

☐ Hydrocortisone Cream

☐ Benadryl Cream/Spray

**NOTE: Governor's School does NOT administer injections.**

## REQUIRED SIGNATURES (form accepted only with BOTH signatures)

I authorize the Governor's School Medical Coordinator to oversee administration of:

- 1) any prescription medications brought by my/this child, and
- 2) over-the-counter (OTC) medications as noted above and as directed per package guidelines.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Physician/Nurse Practitioner Signature \_\_\_\_\_

Date \_\_\_\_\_

# PHYSICAL EXAMINATION FORM (page 1 of 2)

## North Carolina Governor's School 2021 – Due Date: June 7, 2021

**Directions:**

- A licensed physician, nurse practitioner or physician assistant must conduct a complete physical examination on this student and complete the front and back of this form. An earlier exam (not prior to June 7, 2020) can be referred to for completion of this form.
- Exception: In recognition of appointment scheduling challenges due to the pandemic, a completed **sports physical** is acceptable instead. However, a medical official must still complete the **immunization information** (see page 2).

Student Name _____			
Last	First	Middle	
Gender _____	Age at time of exam _____	Date of Birth _____	
Home Address _____			
Street and Number	City	State	Zip Code

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_ / \_\_\_\_ (\_\_\_\_ / \_\_\_\_ , \_\_\_\_ / \_\_\_\_)

Vision R 20/\_\_\_\_\_ L 20/\_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Hair/scalp			
Skin			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Pulse			
Lungs			
Abdomen			
Genitourinary			
Menstrual history*			
Other			
<b>MUSCULOSKELETAL</b>			
Neck			
Back/spine			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

\*when applicable

## PHYSICAL EXAMINATION FORM (page 2 of 2)

### Immunization dates

Tetanus Toxoid (required within ten years) \_\_\_\_\_ Tetanus booster \_\_\_\_\_ MMR \_\_\_\_\_  
D.P.T series \_\_\_\_\_ D.P.T booster \_\_\_\_\_ Polio series \_\_\_\_\_ Polio booster \_\_\_\_\_  
COVID-19 \_\_\_\_\_ Other \_\_\_\_\_

### Allergies (please specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Recommendations and restrictions (diet, medicine, swimming, diving, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### General Appraisal/Notes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of the examination \_\_\_\_\_

Name of physician, nurse practitioner or physician assistant \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician, nurse practitioner or physician assistant

\_\_\_\_\_ Date \_\_\_\_\_

**PUBLICITY RELEASE FORM**  
**North Carolina Governor's School 2021 – Due Date: June 7, 2021**

The Governor's School of North Carolina plans to make, and to use solely for nonprofit educational and promotional purposes, photographs and audio and video recordings during the 2021 summer session. These can be helpful in educating others about this program. Individual students may or may not be identified. Students and their families will not be compensated for any photographs or recordings.

**DIRECTIONS TO PARENT/GUARDIAN:** Please check the appropriate statement below and then provide your child's name, your name and signature, and the date.

\_\_\_\_\_ **I give permission** to the Governor's School of North Carolina to use, for nonprofit educational and promotional purposes, any photographs and audio and video recordings of my child during his/her participation in the Governor's School.

By signing below, I am expressly releasing the Governor's School, its agents, employees, licensees, and assigns from any and all claims which I may have for right of publicity, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast, or exhibition of such materials.

\_\_\_\_\_ **I do not give permission** for my child's photograph or audio or video recording to be used.

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date