North Carolina Governor's School 2022

GENERAL HEALTH INFORMATION FORM (page 1 of 2)

Completed by Parents/Guardian

- **Parents/Guardians. Complete both pages and submit.**
- **Print out, fill out with pen legibly, scan and then upload to Registration Survey.**
- **(or) If you have Adobe, electronically complete and upload signed form to Registration Survey.**

Student Name _____

Sex_____ Date of Birth _____ Student's Cell # _____

Parent/Guardian Name _____ Parent's Email Address _____

Parent's Phone # (1st option) _____ (2nd option) _____

Home Address_____

Street and Number City State Zip Code

In case of emergency, contact (other than parent):

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 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
1.	Has a doctor ever denied or restricted your child's participation in sports or any other activity?	☐	☐
2.	Does your child have an ongoing medical condition (like diabetes or asthma)?	☐	☐
3.	Does your child have allergies to medicines, pollens, foods, or stinging insects?	☐	☐
4.	Has your child ever had (check all that apply)? ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection		
5.	Has a doctor ever ordered a test for your child's heart? (for example: echocardiogram)	☐	☐
6.	Was your child born without or is he/she missing a kidney, an eye, or any other organ?	☐	☐
7.	Does your child have any rashes, pressure sores, or other skin problems?	☐	☐
8.	Has your child ever had a seizure?	☐	☐
9.	Does your child have sickle cell trait or sickle cell disease?	☐	☐
10.	Has your child had any vision problems?	☐	☐
11.	Does your child wear glasses, contact lenses or hearing aids?	☐	☐
12.	Do you or your child have any concerns that you would like to discuss with a doctor?	☐	☐
13.	Does your child have or is your child being treated for a mental health needs or diagnosis?	☐	☐

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

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

Has your child been exposed to any communicable diseases during the last month, including COVID-19?
No or Yes/Explain _____
Please also notify the Governor's School if this changes before arrival.

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_____

Please read the following statements and sign below:

- I hereby state that, to the best of my knowledge, the information I have provided on this form is complete and correct.
- I hereby give my permission to the Governor's School to release my child's medical record to a physician, hospital, or other medical professional involved in providing my child with emergency treatment or medical care.
- I understand that Governor's School will provide the medical service provider with a copy my child's insurance card (if submitted via the Registration Form). I assume responsibility for the costs of any medical services provided regardless of insurance coverage.

For GS West students: The Winston-Salem State University (WSSU) Student Health Services will be providing basic care during the week. I hereby give my permission to the WSSU Institution to release my child's medical record to a physician, hospital, or other medical professional involved in providing my child with emergency treatment or medical care.
I hereby authorize any medical treatment for my child that may be advised or recommended by the Student Health Services. WSSU will seek parental consent to treat a minor via phone. ***This statement does not apply for GS East students***

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Printed Name _____