

2017 Governor's Scholars Program

Medical Form

Please print with pen or type clearly. This will be copied.

Student Name _____
Last First Middle

Date of Birth: _____ Social Security No.: _____

MEDICAL INSURANCE

This information is required in case of emergency or illness.

____ I do have insurance. ____ I do not have insurance.

Attach a copy of your insurance card (FRONT AND BACK) to be used in case medical treatment is required. Be sure to designate your child's name on the copy. If you do not have an insurance card, please submit: 1) Insurance Company Name; 2) Address; 3) Policy and Group Number; and 4) Subscriber and Child's Name.

MEDICAL INFORMATION CONCERNING THE STUDENT

Allergies: _____

Will student require shots? Yes ____ No ____ If yes, how often? _____

Current medication: _____

Special diet information: _____

If you will require an assistant for a significant medical need, please inform our office immediately. Please also list medical information or history you think would be of use to GSP. (You may attach an additional sheet, if necessary.) _____

List two people to be notified in case of emergency. One should be a parent or legal guardian.

1. _____ 2. _____

Primary Phone: _____ Primary Phone: _____

Secondary Phone: _____ Secondary Phone: _____

Parent/Guardian Permit

This provides parent/guardian permission for medical examination and treatment in an approved and authorized hospital, physician's office, or other medical facility.

The following consent form should be signed by the parent or legal guardian of the student, so that appropriate diagnosis and treatment may be carried out, and so that no unnecessary delays will occur with emergency procedures, including operational procedures. No operations will be performed, except in an emergency, without parent or legal guardian's being contacted and fully informed.

I give my permission for _____ to receive necessary medical treatment at an authorized hospital, medical facility, or office by appropriate medical professionals.

Signed: _____ Date: _____

Relationship to Student: _____