

**2019 Governor's School for Agriculture
Medical Consent and Information Form**

I, _____ Parent/Guardian of _____

do authorize in advance any necessary medical treatment required by the student listed above while he/she is absent from home to attend the Virginia Governor's School for Agriculture on or off the Virginia Tech campus in Blacksburg, VA from June 23 – July 20.

1. Is the student currently taking any medication(s)? Yes _____ No _____

If yes, please specify medication(s): _____

Start date /duration of time on medication(s): _____

2. Does the student have permission to possess over-the-counter medication?

Yes _____ No _____

If yes, please specify medication(s): _____

3. If student does not have permission to possess over-the-counter medication, do you give Governor's School for Agriculture staff permission to administer over-the-counter medication?

Yes _____ No _____

4. Is the student allergic to any medication? Yes _____ No _____

If yes, explain: _____

5. Is the student allergic to insect stings? Yes _____ No _____

If yes, explain: _____

6. Does the student have any other known allergies? Yes _____ No _____

If yes, explain: _____

Parent/Guardian Signature: _____ Date: _____

By typing or drawing my signature above, I acknowledge that it is my intent to electronically sign this document and agree to the use of electronic records for the purposes provided herein.