

Kentucky Center Governor's School for the Arts

Summer Program

Pre-Program Physical Form

This form is to be completed by the practitioner/health care provider. Please bring this form to the physical. Please attach additional pages as needed, then scan or attach a photo of the completed form to your CampDoc account.

GENERAL INFORMATION

Student's Name _____

Name of Practitioner Completing The Form _____

Practitioner's Signature _____ Practitioner's Phone Number _____

PERMISSION/RELEASE OF PARENT/GUARDIAN

By signing below, I/we grant the practitioner listed above permission to release the information provided herein, and I further agree to hold harmless said practitioner, and the GSA program and its employees, from any claim or cause of action that might exist or arise as a result of this information being provided and/or used as described in GSA program documents.

Parent/Guardian Name (please print) _____ Signature _____ Date _____

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NATURE OF THE PROGRAM

The Kentucky Center Governor's School for the Arts (GSA) is a rigorous, 3-week residential arts program that challenges students to operate at their personal best.

GSA students are expected to meet the physical and mental demands of their art form, the GSA interdisciplinary program, and communal dormitory living environment. Each student's day begins at 9:00 AM and includes up to 12 hours of classes and/or field trips. Long periods of walking and extended physical and mental activities take place during the program.

NATURE OF REQUEST FOR INFORMATION

If you have been asked to complete this form, it is to identify whether the student's medical or psychological condition may require the program residential staff to make any accommodation to assist in the student's full participation in or to provide for their well being during the GSA Program.

Should this student's activities or participation in the GSA program be restricted or accomodated in any way?

Yes No If Yes, please describe below.

In addition, please provide any current medications (prescription or over-the-counter), and/or other treatments or accommodations that may be recommended or required for a condition. Attach additional pages if necessary.

Medical Condition _____ Medication/Treatment/Accommodation _____ Dosage & Times _____

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