



### 2026 GSNJS HEALTH CARE AUTHORIZATION FORM

#### TO PARENTS:

Summer health care facilities on the Drew University campus are limited to regularly enrolled undergraduate students, faculty, and staff of the University. Should a physician's care be required, it must be obtained off campus. In non-emergent situations, parents will be called to arrange for an appointment and transportation to their desired care provider. In the unlikely case of an emergency, Drew Campus Security will arrange for transportation to Morristown Medical Center, and parents will be informed immediately. Billing for such services will be made directly to the parents.

Students may self-administer medications that are listed in the medical authorization form. All such medication must be provided in its original pharmacy container labeled with the Minor's name, name of the medication, dosage, and timing of consumption. Over-the-counter medications must be provided in the manufacturers' original container. **Please Note:** All medications (prescription and OTC) require a written physician's authorization and signature as well as the parent/legal guardian's signature in order for medication to be administered, including self-administration. With the exception of emergency medications (e.g. epipens and inhalers), program staff shall keep medication in a secure and locked location and, at the appropriate time for distribution, shall meet with the Minor. Program staff shall allow the Minor to self-administer the appropriate dose as shown on the container.

The student body of the Governor's School will be covered under a special events insurance policy. However, the student's medical, dental, and hospital expenses are not covered by Drew University or the Governor's School and remain the responsibility of the parents and/or your family health insurance. If your child is not covered by your policy, we suggest you investigate a short-term policy for this purpose.

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Name of Scholar (Please PRINT) Date of Birth

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Signature of Parent or Guardian Date

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Name of Parent or Guardian (Please PRINT) Date

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I hereby authorize the staff of the New Jersey Governor's School in the Sciences, in case of emergency, to seek appropriate medical treatment from available hospitals or physicians as necessary, and, when they are unable to reach me for authorization or when circumstances require immediate action, authorize those hospitals or physicians to proceed according to good medical practice in the treatment of the student named above.

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Signature of Parent or Guardian Date

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Name of Parent or Guardian (Please PRINT) Date