

UPWARD BOUND PROGRAMS AT MOREHEAD STATE UNIVERSITY
AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS (and additional release information)

Please read the following information before signing. All information will be kept confidential.

- ❖ I hereby grant authorization for my educational records (grades, transcripts and test scores) to be released to the Upward Bound Programs at Morehead State University. I understand that the Upward Bound Programs will request grades at the conclusion of each grading period and transcripts/test scores at least annually. I furthermore agree that the Upward Bound Programs may share academic information regarding participation in the Upward Bound Programs (grades, test scores, etc.) with my parents and/or high school.
- ❖ I also authorize the Upward Bound Programs at Morehead State University to use photographs and/or videotape with my image in Upward Bound publications and/or news releases.
- ❖ Permission is granted for the above named student to participate in all activities sponsored or attended by Morehead State University Upward Bound. Permission is granted for Upward Bound Programs staff members to transport the above named student to and from these activities.
- ❖ Permission is granted to provide counseling services to the above named student, as necessary by the appropriate University and/or community resources (i.e. University Counseling Services or Pathways).
- ❖ Permission is granted for Upward Bound Programs staff (Director, Associate Director, Academic Coordinator, Trio Academic Bridge Coordinator, Program Specialist, or Residence Hall Supervisor) to provide over-the-counter medications (acetaminophen, aspirin, Pepto-Bismol, ibuprofen, Dramamine, Sudafed, decongestants, antihistamines, etc.) for minor physical complaints.
- ❖ We understand that the Upward Bound Programs are for students who are able to handle the responsibility of being away from home for the residential summer academy.
- ❖ We recognize that Upward Bound Programs are a major investment by the United States Department of Education and we understand that if the student is accepted and wishes to attend, he or she will be expected to fully participate in the program (both during the academic year and summer academy).
- ❖ We understand that although travel costs, stipends, room, board, insurance (secondary pay for injuries only) and fees are provided free of charge, the student's family or guardian must assume responsibility for illnesses (including prescription coverage) or pre-existing conditions, medical release forms and any information needed to complete them.
- ❖ We understand that if the Upward Bound Programs accepts the applicant, he or she will have to adhere to the program's rules and regulations concerning student responsibility and behavior in the academic and residential life programs. We understand that the Upward Bound Director will have the right to dismiss any student whose behavior is incompatible with the goals and standards of the Upward Bound Programs.
- ❖ We agree that the student, if accepted into the Programs, may participate in answering questionnaires and other appropriate and approved research projects done as a part of the program's evaluation.
- ❖ Morehead State University, the Upward Bound Programs, nor any staff member will be held responsible for any injuries or obligations resulting from these activities.

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Grant:

**Medical/Dental Release
Morehead State University
Upward Bound Programs**

(To be completed by parent/guardian)

Name of Student _____

High School _____

This document will authorize the Director of the UPWARD BOUND PROGRAMS at Morehead State University or any senior staff member of the UPWARD BOUND PROGRAMS designated by the Director to carry out the following actions regarding the medical/dental care of my child.

First, I authorize UPWARD BOUND PROGRAMS to select and employ a qualified physician/dentist, and/or to use hospital facilities for the emergency treatment of illness or accident.

Second, I authorize UPWARD BOUND PROGRAMS staff members to render such information as required by hospital admission rules and to sign as a competent adult such forms as may be necessary to permit examination and possible treatment.

I understand that (1) Physicians/Dentists are reluctant and sometimes unwilling to examine and treat patients without such authorized signatures, and (2) UPWARD BOUND PROGRAMS will permit only routine and emergency procedures, and that major or prolonged treatment will be undertaken only with my specific permission, except when such permission is impossible to obtain within the limitation of time or other conditions.

I further understand that in the event of accident or illness, the best interests of my child will guide all actions of the UPWARD BOUND PROGRAMS.

Signature _____ **Date** _____

Relationship to student _____

Grant:

Upward Bound Programs
Morehead State University
STUDENT MEDICAL DATA



(Please Print)

Student Name: _____ Date of Birth: _____ Sex: M ___ F ___

Address: _____
Street or Route City State Zip

Phone Number: _____ Social Security Number: _____

Parent/Guardian: _____ Phone Number: _____

Work Number: _____ Place of Employment: _____

Family Doctor (Name)/Location: _____ Phone: _____

Allergic to any medications: _____

Other allergies (seasonal, insect bites, etc.): _____

Current medications: _____

Family history of illness: _____

Any over-the-counter medications that should **NOT** be administered: _____

Any physical limitations: _____ Date of student's last tetanus vaccination: _____

Does the student have health insurance or a medical card: Yes ___ No ___

If YES, please provide name of company and policy number. Also attach a copy of the current card for the student.

Company: _____ Policy/Medical card #: _____

PLEASE PROVIDE A COPY OF THE STUDENT'S IMMUNIZATION RECORD; YOU MAY OBTAIN THIS FROM YOUR COUNTY HEALTH DEPARTMENT OR FROM THE HIGH SCHOOL

PARENT/GAURDIAN SIGNATURE: _____ **DATE:** _____

Please use the back of this form to provide any additional information concerning medical history that you feel Upward Bound staff should know.



Do you use tobacco products? ____yes____no

Have you had the following vaccinations? If yes, please supply dates or attach copy of immunization record from health care provider.

Immunization	YES	DATE (month/date/year)-please list all dates	NO
Diphtheria, Tetanus, and Pertussis (DPT)			
Td or Tdap (please specify)			
Oral Polio Vaccine			
MMR (measles, mumps, rubella)			
Chickenpox			
Hepatitis B			
Meningitis Vaccine			
Have you had a tuberculin skin test (TB skin test)?		POSITIVE NEGATIVE	
If TB skin test was positive, have you had a chest x-ray?			
Please give date and result if had chest x-ray			
If you are an international student or have lived outside of the United States, have you received BCG? (vaccine for tuberculosis)			
Have you lived in a household with anyone who has had tuberculosis? If yes, please explain			

Medical Personnel of Counseling and Health Service will review this health history. You will be notified in writing if further medical information is needed.

Please list the name of your personal health care provider as well as phone number and fax if available:

By signing your name, MSU student ID number or social security number if no student ID, and date, you are certifying that all information is true and correct to the best of your knowledge. You are also consenting to examination and treatment by Morehead State University Counseling and Health Services staff and Dental staff. There may be additional consent forms required for release of information. This consent shall be continuing until revoked in writing. You are granting permission for Morehead State University Counseling and Health Services and Morehead State University Dental Services to use and disclose health information in order to carry out treatment, payment and health care operations as stated in Authorization and Notice of Medical Information Disclosure and Access.

You are also consenting for Morehead State University Counseling and Health Services and Morehead State University Dental Services to bill your insurance.

Student Signature _____ Date _____

MSU ID/SSN _____

ADDITIONAL INFORMATION

Person to be notified at patient request in case of illness: _____

Please list name with day and evening phone numbers _____



MEDICAL CONSENT-FOR MINORS ONLY UNDER 18 YEARS OF AGE

By signing your name as parent or guardian, the student's name and student's date of birth, you are hereby consenting to having qualified medical personnel and/or dental personnel render to my son or daughter medical, dental and emergency treatment and/or surgical care, and services offered through Counseling and Health Services, as deemed necessary to his or her health and well-being. You grant permission for the hospitalization of your son or daughter when necessary for implementing proper medical care. There may be additional consent forms required for release of information. This consent shall be continuing until revoked in writing. I give permission for my child to obtain counseling services independently, without notification of parent or guardian. When expressed concerns involve danger to self or others, parent or guardian will be notified.

You also grant permission for Morehead State University Counseling and Health Services and Morehead State University Dental Services to use and disclose health information about your son/daughter in order to carry out treatment, payment and health care operations as stated in Authorization and Notice of Medical Information Disclosure and Access.

You are also granting permission for Morehead State University Counseling and Health Services and Morehead State University Dental Services to bill your insurance.

Parent/Guardian Signature _____ Date _____

Student Name _____ Student Date of Birth _____

INSURANCE/PAYMENT INFORMATION

Counseling and Health Services is doing business as a family practice clinic and dental services clinic as well as addressing minor urgent care issues. Please provide a copy of your insurance card at time of service, as it is the responsibility of the student to obtain health insurance. We now provide third party billing. In order to bill your insurance, we will also need the policy holder's name, date of birth, and last four digits of social security number. If no insurance is available, students will still be eligible to receive health care at the clinic.

If insurance is available on the student, please list. If no insurance, type N/A:

Name of insurance: _____

Group #: _____

Policy or ID #: _____

Policy Holder's Name: _____

Policy Holder's Date of Birth: _____

Last 4 Digits of Policy Holders Social Security #: _____

Policy Holder's Home Address: _____

Address and/or phone number to send claims (should be found on back of insurance card): _____



Behavioral Agreement for Summer Camp Participants

As a summer camp participant at Morehead State University I agree to the following conditions:

1. To conduct myself in a reasonable manner that reflects the school or organization I am representing while at Morehead State University.
2. To comply with the following rules and regulations of summer camps at Morehead State University.
 - A. The consumption and/or possession of alcohol or being under the influence of alcohol on campus is strictly prohibited.
 - B. Tobacco use is prohibited on all University owned, leased or controlled property.
 - C. Illegal possession, use or sale of any drugs is prohibited. All medicine must be stored in properly labeled containers.
 - D. The possession and use of firearms or fireworks/explosive materials on campus is prohibited.
 - E. Visitation by members of the opposite sex is prohibited in residence halls except in lobby areas.
 - F. The act of unwarranted defacing, disfiguring, damaging, destruction, of and/or unlawful possession or use of property is prohibited.
 - G. Gambling is prohibited in residence halls.
 - H. Excessively noisy behavior is prohibited.
 - I. The threat of or commission of physical violence against any person is prohibited.
 - J. Being in or around construction areas is prohibited.
 - K. Shall be civil, considerate and respect all other groups on campus.
3. To take full financial responsibility for all property damage(s) that occur to my residence hall room and common areas in which I am staying and other Morehead State University facilities which are damaged as a result of my behavior.
4. I have read MSU's Policy PG-6 on Sexual Harassment and will adhere to it while a participant in this camp.

By signing this document I agree to the above terms and stipulations while I am a summer camp participant at Morehead State University.

Failure to abide by this contract may result in my immediate removal from Morehead State University property.

Participant Signature

Date

As Parent and/or Legal Guardian of _____, I hereby agree to be bound by the above conditions and accept financial responsibility for any damages to University property caused by the above signed participant.

Parent/Legal Guardian Signature

Date

**UPWARD BOUND PROGRAMS
MOREHEAD STATE UNIVERSITY
Student Contract for Driving a Vehicle to Campus**

Because the Upward Bound Programs will not be providing bus transportation for your county this summer during the first week of the summer program, you may drive your vehicle to campus ***IF*** you meet the requirements/conditions below. Please read each statement, have your parent/guardian read each statement, then sign and date the contract. We must have this contract BEFORE you will be allowed to drive and park your car on campus.

1. I will turn in my car keys and driver’s license to the Trio Academic Bridge Coordinator or other designated administrative staff upon my arrival on campus on Sunday, June 7th. I will retrieve my keys from this individual when I am ready to leave campus on Friday, June 12th.
2. I will not return to my car after initial arrival to campus, unless specific permission is granted from the Upward Bound office.
3. I will obtain a temporary parking decal from the Trio Academic Bridge Coordinator upon arrival to campus.
4. I will sign an Off Campus Permission Form with the Trio Academic Bridge Coordinator prior to leaving campus on Friday, June 12^h.
5. I agree to abide by all the parking/driving rules and restrictions established by Morehead State University for all students and/or staff vehicles on campus.
6. I understand that any cost associated with driving & parking on campus is my responsibility, not that of the Upward Bound Programs (i.e., parking tickets, tow, gas).

I agree to abide by the restrictions of this contract. I understand that if I violate any of these conditions, my parents/guardians will be contacted, and I will be asked to go home for the summer.

Printed Student Name

Printed Parent/Guardian Name

Student Signature

Parent/Guardian Signature

Date

Date

FOR OFFICE USE ONLY
Administrative Staff Signature: _____

The Upward Bound Programs
TRIP CONTRACT FOR ONE DAY EVENTS

The following statements must be read and signed by each Upward Bound/Upward Bound Math & Science Center student and his or her parent or legal guardian. Students who do not sign, or whose parents will not sign, will not be allowed to join us on the trip(s).

I, _____ understand the following rules and regulations governing our trips to college visits, field trips, cultural activities, and for other Morehead vicinity trips (movies, job shadowing, bridge activities and/or mentoring night activities).

1. There will be no alcohol in my possession.
2. There will be no illegal drugs in my possession.
3. There will be no tobacco products or smoking products in my possession.
4. I will comply with all Upward Bound Programs rules and policies and will adhere to all scheduled activities (I will not be late!).
5. As a representative of the Upward Bound Programs I understand that I represent the program to all who see me and will conduct myself as a lady or gentleman at all times. I will treat all students and staff with respect.
6. I will abide by staff requests and remember safety is important.
7. I will not be with people not associated with UB/UBMS while in UB/UBMS's care.

If I know that any of the above rules are being broken by other UB/UBMS students and do not report it to a staff member, I am just as guilty as the person breaking the rule and will accept the same consequences. **I understand that if I break any of these rules that my parent/guardian will be called immediately and that I will be sent home at their expense.**

I also understand that if I submit this form indicating that I will attend this event and then fail to attend, I will be responsible for reimbursing the Upward Bound Programs for a portion of the cost of the tickets and meals that have been pre-paid for me.

Participant Signature

Date

I am the parent or legal guardian of the above-signed student and I understand that if my son or daughter breaks any of the rules listed above that I will be responsible for the expense of sending him or her home immediately.

Parent/Legal Guardian Signature

Date

Upward Bound Programs
Morehead State University
THE BRIDGE STUDENT CONTRACT

Please read the statements below and sign at the bottom if you agree and want to participate in Upward Bound this summer. Please notice that one of your parents/legal guardians must also sign. If you cannot sign it, you will not be able to participate.

I agree to:

1. Attend and Complete all classes
2. Attend and participate in all UB/UBMS Bridge activities
3. Follow all University and UB/UBMS rules
4. Conduct myself in an appropriate manner at all times
5. Not ride in a car without Admin staff permission
6. Not have any alcoholic beverages or illegal drugs in my room or my possession
7. Not have any tobacco or smoking products in my room or my possession
8. Uphold the other policies of the Upward Bound Program
9. Complete the 2020 Bridge Program
10. Make every attempt to attain a Summer I GPA of at least 2.5.
11. Be respectful to UB staff and students
12. Refrain from engaging in any behavior that results in automatic dismissal from UB. These behaviors include:
 - a) Possession and/or use of alcohol or illegal drugs
 - b) Sexual misconduct
 - c) Physical or verbal abuse of staff or another student
 - d) Possession and/or use of weapons or fireworks
 - e) Stealing or shoplifting
 - f) Intentional damage of property: public, personal or private
 - g) Being outside of residence hall or hotel past curfew
 - h) Being with others not associated with Upward Bound while in Upward Bound's care

I understand that if I fail to complete the Upward Bound Bridge program, I and/or my parents will be required to pay all or a portion of the expenses encumbered on my behalf. I further understand that this provision also applies if I am dismissed from the Upward Bound program or fail to complete the verification process. I also understand that if I fail to attain a GPA of at least 2.5 for the summer that I will be required to pay a portion of the total of my summer tuition. Additionally, I understand that if I receive 4 stipend deductions, I will be required to pay the full amount of my summer tuition (approximately \$1,800). *Be advised that participation in the 2020 Bridge program counts as one semester of financial aid eligibility.

Student Signature

Parent Signature

Date

Date

Student Name: _____ School: _____

How will your student get to the Summer Academy (please check one):

He/she will ride the bus

A parent guardian will bring him/her

Please check your student's t-shirt size:

S

M

L

XL

2XL

3XL

4XL

The Upward Bound Programs
Morehead State University
Pick-Up Authorization Form

Parents/legal guardians are the only authorized individuals allowed to pick up students during the week (please refer to attendance policy). However, we do understand that not all students ride the bus and therefore some parents/guardians may need to authorize another individual to pick up a student on Friday afternoon to transport them home for the weekend.

Please list those individuals who have permission to pick up your son/daughter on Friday afternoons while they are participating in the UB/UBMS Academy. We allow (4) additional individuals to pick students up. If you need to add more than four please contact the UB office.

When picking up students, all visitors are required to bring picture ID and sign students out at the residence hall.

PLEASE PRINT

Student Name _____

Mother/Legal Guardian: _____/Phone: _____

Father/Legal Guardian: _____/Phone: _____

My son/daughter has permission to leave campus with the following:

Name	Relationship to Student	Phone Number

Parent Signature

Date