

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

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**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** \_\_\_\_\_

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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.*



**HEALTH HISTORY  
MOREHEAD STATE UNIVERSITY**

Counseling & Health Services  
150 University Blvd.  
Morehead, KY 40351  
606-783-2055

**To be completed by patient unless under the age of 18 then must be completed and signed by parent/guardian.**  
Completion of this report is required before treatment at the Counseling and Health Services Clinic at Morehead State University. All health information is confidential and will be placed on file in the Health Clinic. Please read carefully and answer all questions on the form. Consult your parents/guardian for complete and accurate information. You may need to consult your family health care provider or public health department for accurate immunization record.

Name \_\_\_\_\_  
Last First Middle Female\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Male\_\_\_\_  
Month day year  
Home address \_\_\_\_\_ Phone \_\_\_\_\_  
Number & Street City State Zip

**Medical History** Place an x in the appropriate yes or no column for each item listed and indicate year for each yes response. If any medical condition still exists for which a yes response was given, please give further detail at the end of the form.

CONDITION	YES	NO	YEAR	CONDITION	YES	NO	YEAR
Measles				Tuberculosis			
Mumps				Mental health (bipolar, depression, ADD, anxiety, etc.)			
Chicken Pox				Meningitis			
Mononucleosis				Seizures or convulsions			
Anemia or blood disorder				Paralysis			
Heart murmur/heart disease				Severe Headaches			
Rheumatic fever				Head injury or concussion			
High Blood Pressure				Stomach/intestinal trouble			
Clots in veins				Ulcer			
Gynecological problems				Hepatitis (yellow jaundice)			
Sexually Transmitted disease				Gallbladder disease			
Asthma				Thyroid disease			
Pneumonia				Diabetes			
Orthopedic injuries/fractures/surgeries				Bladder/kidney disease			
Cancer							

Have you had any illness, injury, or hospitalization not already noted? \_\_\_\_yes \_\_\_\_no. If yes, please explain  
Have you ever had surgery? \_\_\_\_yes \_\_\_\_no. If yes, indicate date and type of operation: \_\_\_\_\_

Are you allergic to any medications? \_\_\_\_yes \_\_\_\_no. If yes, indicate medications:  
\_\_\_\_penicillin\_\_\_\_tetracycline\_\_\_\_sulfa\_\_\_\_others (specify):

Are you presently taking any medication? \_\_\_\_yes \_\_\_\_no. If yes, list name of drug, dosage, strength, and frequency:



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.

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**Participant Signature**

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**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.

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**Parent/Legal Guardian Signature**

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**Date**

**Upward Bound Programs  
Morehead State University  
STUDENT CONTRACT**

NAME OF STUDENT: \_\_\_\_\_ High School: \_\_\_\_\_

As a member of the Morehead State University Upward Bound Programs, I accept the following responsibilities and agree to:

1. Attend all UB/UBMS classes and scheduled activities
2. Follow all UB/UBMS and Morehead State University rules
3. Conduct myself as a lady or gentleman at all times
4. Uphold the policies of the Upward Bound Programs
5. Strive for academic excellence by satisfactorily completing my UB/UBMS summer classes
6. Strive to develop leadership qualities
7. Adhere to the Upward Bound Programs disciplinary policy
8. Be respectful to UB/UBMS staff, students and others.

As a member of the Morehead State University Upward Bound Programs, I accept responsibility for the fulfillment of the above obligations. I understand that failure to attend and/or participate in Upward Bound Programs activities, maintain the academic standards, or fulfill the requirements of this contract could result in my dismissal from the program.

I understand that the summer academy is the most influential component of Upward Bound and I will make a firm commitment to attend the summer academy. I promise to be in attendance, abide by the rules and regulations, and participate fully in all activities. I further understand that failure to comply with this regulation will result in my dismissal from the Upward Bound Programs.

I further understand that the following behaviors will result in automatic dismissal from the Upward Bound Programs and I **WILL NOT** engage in any of the following:

1. Possession of alcohol or illegal drugs
2. Sexual misconduct
3. Physical or verbal abuse of staff or another student
4. Possession of weapons or fireworks
5. Stealing or shoplifting
6. Intentional damage of property: public, personal or private
7. Out of the residence hall/hotel room past curfew
8. Being with others not associated with Upward Bound while in Upward Bound's care

\_\_\_\_\_  
Signature of UB/UBMS Student

\_\_\_\_\_  
Date

*As the parent or legal guardian of the above named student, I agree to support the rules and decisions of the Upward Bound program. I understand that if my son or daughter breaks any of the rules listed above I will be responsible for the expense of transportation home should my child be dismissed from the summer program.*

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date



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

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

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