

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: