



# 2016 Camp Packet



Dear Camp Director:

The Office of Conference and Event Services (OCES) is glad that you are interested in utilizing our facilities to host your event. We take pleasure in assisting students, faculty, staff and community members with planning and executing a wide variety of events on MSU's campus. Your event will benefit from our professionalism and efficiency, which is reflected in everything we can provide, from our state-of-the-art facilities to our gourmet catering. MSU's location and amenities make it a prime destination to host events ranging from conferences and banquets to graduations and summer camps.

Our coordination services can include:

- Pre-conference and post-conference consultations to refine your service, facility, and budget needs.
- Delivery of University services such as housing, dining, parking, transportation, catering, audiovisual, and facility needs.
- Confirming arrangements and inspecting rooms as your conference approaches.

#### Event Scheduling Procedures

1. Call Conference and Event Services (OCES) to inquire about availability and discuss fees and details for your event. Request a Camp Packet.
2. Complete and return the Camp Packet Application to request space for your event. Once the application is received by OCES staff, it will be processed and a staff member will be in touch regarding the application status.
3. If your request is confirmed, you will receive a contract 4 weeks prior to the event. The signed contract is due back in the Conference and Event Services office with all required paperwork, including the certificate of insurance (see insurance requirements). You will receive a bill from Facilities Management after the last day of your camp. Dining Services requires a 50% deposit when you turn in your camp numbers for the meal cards.

The Conference and Event Services staff stays in contact with you throughout the planning and execution of your event to ensure that all details are handled smoothly.

Sincerely,

Taunya Y. Jones  
Special Events Program Manager  
Office of Conference and Event Services



## 2016 Camp Packet

This packet of information is designed to provide you with the general information necessary in order to make your experience with us as best as possible.

The following forms are included in this packet:

### Section I

1. Summer Camp Registration Form
2. Environmental Health and Safety – Liability Insurance
3. Sexual Harassment – Proof must be provided or taken through MSU
4. 2015 Summer Camp Facility Rates

### Section II

1. Dining Services Summer Camp Procedures for 2015
2. Meals Request Form
3. Dining Facilities Summer Hours Schedule Sample

### Section III

1. Housing Information
2. Health History – Information is kept with camp director and provided to Health Services if the camper has to be seen in office. Must be filled out for each camper
3. Behavioral Agreement for Summer Camp Participants – Must be filled out per camper
4. Behavioral Contract for Summer Camp Director/Sponsor – Must be filled out per volunteer/staff

\*Highlighted items must be filled out and returned prior to the start of camp.



# Section I



SUMMER PROGRAM REGISTRATION

Camp Name: \_\_\_\_\_
Date(s): \_\_\_\_\_
Contact Name: \_\_\_\_\_
Contact Cell Phone: \_\_\_\_\_
Contact E-mail: \_\_\_\_\_

Arrival Date: \_\_\_\_\_
Arrival Time: \_\_\_\_\_ a.m. / p.m.
Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ a.m. / p.m.
# of Male Participants: \_\_\_\_\_
# of Female Participants: \_\_\_\_\_
# of Male Staff: \_\_\_\_\_
# of Female Staff: \_\_\_\_\_
NO HOUSING NEEDED \_\_\_\_\_

Billing Information

Name: \_\_\_\_\_
MSU ID#: \_\_\_\_\_
Address: \_\_\_\_\_

Will Meal cards be needed? \_\_\_ Yes \_\_\_ No Will catered meals be needed? \_\_\_ Yes \_\_\_ No

University account #: 53-00000000- \_\_\_\_\_

If the proceeds from your camp/event are deposited into your University Sponsoring Agency Account (53), no rental fee will be charged for the facility; the only applicable charges will be for Custodial/Maintenance/AV Tech or Police services for the facility.

Do any participants requiring special accommodations? \_\_\_ Yes \_\_\_ No
\* If "yes", please indicate those special needs: \_\_\_\_\_

List of Requested Times/Facilities for Program Activities (please be as detailed as possible):

Table with 3 columns: Facility, Date(s), Time



### Important Information

- Please return all forms to OCES at least 10 days prior to your arrival by fax at (606) 783-5022; by e-mail [ta.jones@moreheadstate.edu](mailto:ta.jones@moreheadstate.edu) or [k.adams@moreheadstate.edu](mailto:k.adams@moreheadstate.edu); or by mail at MSU, OCES, 150 University Blvd. # 894, Morehead, KY 40351.
- MSU reserves the right to request emergency contact information on each participant at any time.
- If you have special needs not outlined within this document, please attach additional information to this document.
- A CONTRACT and invoice will be generated based upon the data in this packet. All changes to this document must be authorized by OCES. The invoice for the facility/housing/meal cards will be generated within 30 days after the conclusion of the program and will be issued from Facilities Management. Aramark Food Services will bill separately.
- Payment is due upon receipt of invoice. If payment is not received, then the account will be considered delinquent and it will be sent to University collections.
- Residence Hall room assignments will be made by MSU; however, each group will be responsible for pairing participants and providing roommate assignment information to MSU on the second page of this document.
- Camp directors are responsible for reading all information related to the expectations and guidelines of MSU and ensuring that members of their group adhere to these expectations and guidelines.
- Camp directors are required to do a walkthrough of the residence hall with a Housing staff member prior to arrival.
- Camp directors/chaperones are required to stay in the residence hall with the participants. They cannot stay at a hotel.
- **Camp directors/chaperones/coaches/instructors are required to have Sexual Harassment training prior to the start of camp. If they have it through their school system they must provide proof.**
- Please note arrival time is a request; the Office of Student Housing will coordinate the exact time.
- Insurance naming Morehead State University as an additional insured will need to be provided 10 days prior to your event.

In signing this form, I acknowledge that I have read and understand the expectations of MSU, previous damages to our rooms have been assessed, and all additional damages will be charged to this group.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please print name:** \_\_\_\_\_



Dear Camp Directors,

All camps / conferences working with external groups, organizations, or entities coming to Morehead State University are required to provide certifications of insurance. Morehead State University requires your company (and all vendors), to file evidence of liability insurance stating:

1. Minimum General Liability coverage of \$1,000,000
  - Naming Morehead State University as an Additional Insured.
2. Minimum Sexual Abuse coverage of \$1,000,000
3. Coverage of Workers Compensation, limits per Kentucky State Statutes must be marked on the Certificate of Liability Insurance.
4. Proof of automobile liability for any vehicle that may be on the campus must be evidence on the certificate.

For your reference, a sample certificate is enclosed indicating acceptable amounts of coverage and a listing of the additional insured language. This is a once a year filing process based on the ending date of your policy.

Academic departments of Morehead State University, hosting students supplementing their academic program and Sports Camps using their University Sponsored Agency Accounts (53) do not require a certificate of insurance as they are covered by Morehead State University. Please contact my office to see if your camps meet this exemption.

For more information or questions, please contact me.

*Eddie Frazier*

Eddie Frazier  
Risk & Compliance Manager  
Morehead State University  
P: 606-783-2179  
F: 606-783-2359  
j.frazier@moreheadstate.edu





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/30/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Ft. Worth, TX 76116		<b>CONTACT NAME:</b> Sports Division <b>PHONE (A/C, No. Ext):</b> (817) 738-8100 <b>FAX (A/C, No.):</b> (817) 738-2963 <b>E-MAIL ADDRESS:</b> info@pullenins.com	
<b>INSURED</b> Tom Posey dba Northeastern Kentucky East/West Senior Bowl 2336 Cottonwood Court Maysville, Kentucky 41056  A Member of the Sports, Leisure & Entertainment RPG		<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> INSURER A: Nationwide Mutual Insurance Company    23787 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENTL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			6BRPG0000057257	6/7/15 12:01 AM	6/13/15 12:01 AM	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (If a occurrence) \$300,000 MEDICAL EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS-COMP/OP AGG \$1,000,000 PROFESSIONAL LIABILITY \$ EXCLUDED LEGAL LIAB TO PARTICIPANTS \$1,000,000 COMBINED SINGLE LIMIT (Per Accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EXCESS LIABILITY \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS Not provided while in transit						UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						INC STATUTORY LIMITS    OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>MEDICAL PAYMENTS FOR PARTICIPANTS</b>			6BRPG0000057257	6/7/15 12:01 AM	6/13/15 12:01 AM	EXCESS MEDICAL \$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Event Name: Northeastern Kentucky East-West Senior Bowl    Event Dates: 6/7/15 - 6/12/15    Event Type: Football  
 Location of Event: Morehead State University

<b>CERTIFICATE HOLDER</b> Evidence of Coverage  Additionally insured: Morehead State University	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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Coverage is only extended to U.S. events and activities.  
 \*\* NOTICE TO TEXAS INSURED: The Insurer for the purchasing group may not be subject to all the Insurance laws and regulations of the State of Texas.  
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**PG-6**

**Sexual Misconduct Policy**

All camp staff/volunteers/attendees must abide by the University's Sexual Misconduct Policy. All staff/volunteers must provide background checks or proof that they completed have sexual misconduct training. If proof is not available they must get access from Human Resources to take the online training required of university staff.

Each camp will receive a copy of PG-6 for their reference.



## 2016 Summer Camp Facility Rates & Charges

Item	External	Camp Rate
<b>Housing</b>		
(Double Occupancy or Suite)	\$16.00	\$13.00
Fees applicable to damage of furniture in the rooms/residence halls		
<b>Lost Key Replacement</b>		
Interior Room Key & Lock Change	\$50.00	\$50.00
<b>Food Service - Per Person Per day</b>		
Breakfast	\$6.16	\$6.16
Lunch	\$7.40	\$7.40
Dinner	\$8.15	\$8.15
*Food rates include the 3% city sales tax		
<b>Meal Cards</b>		
Initial Meal card	\$1.00	\$1.00
Replacement Meal Card	\$5.00	\$5.00
<b>Facility Rental</b>		
AAC	\$1,765.00	\$520.00
Football Field/Track	\$955.00	\$220.00
Rec Field		\$220.00
Wetherby Gym	\$890.00	\$385.00
Laughlin Gym	\$870.00	\$530.00
Fulbright Room (Baird)	\$420.00	\$260.00
Breckinridge 002	\$190.00	\$85.00
Button Auditorium	\$735.00	\$295.00
Button Drill Room	\$785.00	\$440.00
Rader 111	\$155.00	\$90.00
Rader 112	\$155.00	\$90.00
Reed Hall 419	\$190.00	\$110.00
ADUC-Eagle Meeting	\$80.00	\$55.00
ADUC-Eagle Dining	\$145.00	\$85.00
ADUC-Commonwealth Room	\$200.00	\$115.00
ADUC 301	\$135.00	\$65.00
ADUC 302	\$80.00	\$55.00
ADUC 312	\$140.00	\$85.00
ADUC-Riggle	\$145.00	\$85.00
ADUC- Crager Room	\$885.00	\$490.00
<b>Custodial Services</b>	\$26.34/custodian/hour	\$26.34/custodian/hour
Custodial Services are billed after 5:00pm on Week days and all times in use Saturday and Sunday.		



## 2016 Summer Camp Facility Rates & Charges cont.

<b>Fire Alarms*</b>		
<b>*Excerpt from MSU's Student Handbook under Housing</b> a. A person who pulls a fire alarm or falsely reports an emergency to police or the fire department will be punished under the Kentucky Revised Statute 512.040. If convicted of this Class B misdemeanor, it means up to a \$500 fine and/or 90 days in jail.	<b>\$500.00</b>	<b>\$500.00</b>
<b>MSU Campus Police</b>	<b>\$35.00/officer/hour</b>	<b>\$35.00/officer/hour</b>
<b>AV Tech for Saturday and Sunday Events</b>	<b>\$41.00/hour</b>	<b>\$41.00/hour</b>



# Section II



# DINING SERVICES SUMMER CAMPS PROCEDURES 2016

## GENERAL POLICIES

- If the count is lower than the confirmed number, the camp will be charged for the higher number for the first full day.
- If the camp participants are higher than the confirmed number, the higher number will be used for billing.
- Camp numbers will be finalized after the first meal. Beyond that, changes will be considered only in extreme cases.
- Camps using guest passes or cards will be charged for their camp count plus the number of participants.
- A 50% deposit is required at the time you request meals through Dining Services.

Camps Meals	Prices
Breakfast	<b>\$6.50</b>
Lunch	<b>\$7.50</b>
Dinner	<b>\$8.50</b>
	<b>\$22.50</b>
Pricing is non-inclusive of a 3% City Restaurant Tax added after completion	

## CONTACT INFORMATION

Linda Davis  
[davis-linda@aramark.com](mailto:davis-linda@aramark.com)

*General Manager*  
 Office: 783-2818

Liz Kilsheimer  
[kilsheimer-elizabeth@aramark.com](mailto:kilsheimer-elizabeth@aramark.com)

*Catering*  
 Office: 783-2797  
 Cell: 356-3969



Camp \_\_\_\_\_ Meals – \_\_\_\_\_ 2016

Person Responsible: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Please fill in dates and circle each meal needed and send to:

Linda Davis

[davis-linda3@aramark.com](mailto:davis-linda3@aramark.com)

Billing / Count Changes

Office: 783-9333

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D
<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D
<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D
<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D
<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D	<input type="checkbox"/> B L D

Please fill out a sheet for each month



## Aramark Camp Reservation Policy

### Camp Contact Information

- Camps will contact Linda Davis in order to arrange for meals.
  - Linda may be contacted at [davis-linda3@aramark.com](mailto:davis-linda3@aramark.com) for any questions, concerns, or inquiries.
- Camps are required to give contact information for camp management as well as a billing contact for camps.
  - This contact information is to include name, organization, phone number, and email.

### Camp Reservation

- Camps will give an estimate of camp dining needs and dates of service a minimum of two weeks in advance
- Camps will confirm and lock in camp dining needs one week prior to camp start date.
  - This confirmation number will be used for billing purposes.
  - Meal counts will be monitored on a daily basis and compared to communicated camp counts. If meals used by a camp exceed the estimated usage the customer will be billed for the variance.
- If there are any last minute changes, Aramark must be notified by the end of the first meal period of your camp. After this, there will be no changes to camp billing counts.

### Camp Deposit

- Academic camps will be required to provide a P.O. for their camps once a final camp participation number is confirmed.
- Athletic Camps are required to make a 90% deposit for their camps once a final camp confirmation is confirmed.
  - Camp Deposit is to be given to Aramark by the camp start date.
  - Any changes in camp meals between the point of advanced deposit and the final changes made by the first meal period of a camp will be taken from the 10% remaining balance on the camp.

### Meal Times and Dining Location

- Meals will be served at the Beaker's Location in the Alumni Tower building on Morehead State University's campus.
- Standard meal times are set for the following time periods.
  - Breakfast - 7:00 a.m. - 9:00 a.m.
  - Lunch - 11:00 a.m. - 2:00 p.m.
  - Dinner - 4:00 p.m. - 7:00 p.m.





- Any special accommodations or requests for a change in dining venue or meal time must be communicated to Linda Davis a minimum of one week prior the camp start date.
  - Any requests made after this deadline will not be accommodated unless under uncontrollable or extreme situations.
  - Aramark will notify the camp contact to confirm whether we will be able to accommodate any requests. Until such confirmation is given, the camp will be expected to operate under the standard meal times and dining locations.
  - Aramark requires that any special dietary requests have a medical form sent to Aramark at the time of request. In addition to this, Aramark and the camp will coordinate a meeting with the camper or staff member to discuss the request and ensure all needs are met.



# Section III



The MSU Housing office will make final determination as to which building your camp will occupy.

Housing will have student employees at the front desk of each building 8:00am-12:00am and they should be notified first if there are problems with the rooms/building.

Housing does **NOT** supply bedding, towels/wash cloths, or toiletries. Each room contains two XL twin sized beds with a closet/dresser combo. Rooms accommodate 2 campers only. Community bathrooms are on each floor.

**Front Desk numbers are:**

**Cartmell Hall.....606-783-3391**

**Butler Hall.....606-783-4607**

**Cooper Hall.....606-783-4222**

**Alumni Tower.....606-783-3152**

**If there is an emergency, please contact**

**MSU Police at 606-783-2035**

Camp directors are responsible for providing Housing with a room assignment list. Please fill out the following Housing Roster page(s) and provide at check in.







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
Social Security Number Date of Birth Age Male Female
Month day year

Home address Number & Street City State Zip Phone

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.

Table with 8 columns: CONDITION, YES, NO, YEAR, CONDITION, YES, NO, YEAR. Rows include Measles, Mumps, Chicken Pox, Mononucleosis, Anemia or blood disorder, Heart murmur/heart disease, Rheumatic fever, High Blood Pressure, Clots in veins, Gynecological problems, Sexually Transmitted disease, Asthma, Pneumonia, Orthopedic injuries/fractures/surgeries, Cancer, Tuberculosis, Mental health (bipolar, depression, ADD, anxiety, etc.), Meningitis, Seizures or convulsions, Paralysis, Severe Headaches, Head injury or concussion, Stomach/intestinal trouble, Ulcer, Hepatitis (yellow jaundice), Gallbladder disease, Thyroid disease, Diabetes, Bladder/kidney disease.

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.

\_\_\_\_\_  
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



**Behavioral Contract for Summer Camp Director/Sponsor**

As an advisor/chaperone/coach for \_\_\_\_\_ at Morehead State University, I will adhere to the following conditions and abide by and require my participants to:

1. Act in a responsible manner that reflects the school or organization that is represented 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 forbidden.
  - 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.
  - L. Remain on campus at all times as a resource for camp participants and MSU staff for the duration of the camp.
3. Takes full financial responsibility for all property damage(s) that occur to my room and common areas to the facility of which I am staying at Morehead State University.
4. Have one chaperone for every eight participants. A chaperone will be any member of the camp staff.
5. I have read MSU's Policy PG-6 on Sexual Harassment and will adhere to it while a coach/staff/volunteer in this camp.

I take personal responsibility for our conduct during our stay at Morehead State University.

By signing this document I agree to the preceding terms and stipulations while I am an advisor/chaperone/coach to summer camp participants at Morehead State University.

Failure to abide by this contract may result in immediate removal from Morehead State University facilities for myself and my group.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date