



# The Ohio State University

## OSC's Young Women's Summer Institute

### Student Publicity Information Sheet and Photo Release

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Please provide the following information. It will be used to notify the local media in your hometown of your involvement in OSC's Young Women's Summer Institute at The Ohio State University.

1. List your local newspapers, television and radio stations.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

2. List your primary areas of interest/hobbies (i.e., physics, swimming, music.)

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

3. How did you learn about YWSI?

\_\_\_\_\_

\_\_\_\_\_

4. Why did you want to be part of YWSI?

\_\_\_\_\_

\_\_\_\_\_

5. Your State Senator \_\_\_\_\_

6. Your State Representative \_\_\_\_\_

#### Consent for Photography

I give my permission for statements I have made and photographs, film, or videotape of me to be taken and used by the news media or OSC (Ohio Supercomputer Center) staff or their representatives for OSC event communications and publicity, programs, procedures, and reviews.

I understand that once materials are released to the media, OSC retains no further control over their use.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date Signed



The Ohio State University  
OSC's Young Women's  
Summer Institute  
Statement of Release

**The Ohio State University  
OSC (The Ohio Supercomputer Center)  
Young Women's Summer Institute**

Name of student participant: \_\_\_\_\_

**Statement of Release**

As the parent or legal guardian for the above-registered participant in the Ohio Supercomputer Center's Young Women's Summer Institute, I hereby release the Ohio State University, the Ohio Supercomputer Center (OSC) and their respective employees and agents, from any liability or claims relating to any injuries, property damages or other costs or expenses suffered by the participant during her participation in the Institute or while residing in the facilities provided, or in connection with any authorized or related activities. I expressly understand that the registrant, as a minor, will not be under full-time supervision and that Ohio State University, the Ohio Supercomputer Center and their respective employees and agents have no responsibility to provide such supervision outside of the official activities of the Institute. I will be fully responsible for any costs of expenses, including those related to personal injuries or property damage, resulting from the willful misconduct or negligence of the registrant.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature (Parent or Legal Guardian)

**PHONE numbers where a Parent or Legal Guardian may be reached:**

Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

If your daughter fails to comply with the written dorm guidelines, YWSI rules or other reasonable expectations, they will be expelled from the program. No funds paid for room and board will be reimbursed.



## OSC Young Women's Summer Institute Student Internet Release Form

### **To Students:**

Please read and sign the agreement and release below with your parent(s) or guardian that details the terms by which you must abide as a user of the Internet during The Ohio State University Young Women's Summer Institute at Ohio Supercomputer Center.

### **To Parent/Guardian:**

Please read and discuss the agreement below with your child and sign the release form that will give your child permission to access the Internet during The Ohio State University Young Women's Summer Institute at OSC.

*Note: This form must be turned in with registration materials.*

### **User Agreement**

1. Use of the Internet during the OSU Young Women's Summer Institute at OSC is a privilege that may be revoked by the administration of the system for abusive conduct. Such conduct includes, but is not limited to the placing of unlawful information on the system and the use of obscene, abusive or otherwise objectionable language in either public or upon registration of complaint, private messages. The staff of OSC is the sole arbiter of what constitutes obscene, abusive, or objectionable language.
2. OSC and The Ohio State University reserve the right to review material stored in files to which all users have access and will edit or remove material which staff believes may be unlawful, obscene, abusive, or otherwise objectionable.
3. All information services and features contained on the OSC website belongs to that entity. Commercial or other unauthorized use of those materials in any form is expressly forbidden.
4. All information contained on OSC's website is placed there for general informational and promotional purposes. It is not intended to refer or be applicable to any specific person, case or situation.

### **Student Agreement and Release**

I, \_\_\_\_\_, understand and agree to the terms above when using the internet at The Ohio State University and Ohio Supercomputer Center.

Parent/Guardian Signature \_\_\_\_\_

**STUDENT HEALTH SERVICES  
HEALTH HISTORY  
& EMERGENCY CONTACT**

Print Full Name of Patient	
Social Security Number	Date of Birth

In case your son or daughter requires care at Student Health Services, we ask that you complete this form in its entirety, including the box in the upper, right hand corner. This will help us to better serve your child should the need arise.

Program Title: \_\_\_\_\_

Dates of Program: \_\_\_\_\_

Medical History: (Use back if necessary)

1. Does the patient have any existing illnesses? Please describe.
2. Is the patient taking any medications? If yes, please list.
3. Does the patient have any known allergies to drugs or medications? If yes, please list.
4. What is the date of the patient's last tetanus shot?
5. Is there any other pertinent medical history, which would help us in meeting your son or daughter's needs? If yes, please explain.

Please list the names and telephone numbers of parent(s) and/or guardian(s) we can contact who are able to provide consent for treatment.

Parent/Guardian Name	Home Telephone Number	Work Telephone Number

## STUDENT HEALTH SERVICES

1875 Millikin Road • Columbus, OH 43210 • Phone: 614-688-3264 • Fax: 614-688-8347

### INSURANCE REGISTRATION FORM

<b>PATIENT INFORMATION</b>		
Name (Last, First, MI):	Age:	Date of Birth:
Student ID #:	Gender:	
Billing Address:	City/State:	Zip Code:
Primary Phone:	Alternate Phone:	Email:
<b>INSURANCE INFORMATION</b>		
<b>PRIMARY INSURANCE (Responsible Party – Policy Holder)</b>		
Insurance Company Name:	Claim Address:	
Group#:	Subscriber ID #:	RxBin # RxGrp #
Name (Last, First, MI):	Date of Birth (If Known):	Relationship:
Home Address:	City/State:	Zip Code:
Home Phone:		
<b>INSURANCE AUTHORIZATION AND ASSIGNMENT</b>		
<p>I request that payment of authorized Medicare/Other Insurance company benefits be made either to me or on my behalf to Student Health Services, The Ohio State University, for any services furnished me by that party. Regulations pertaining to Medicare assignment of benefits apply.</p> <p>I authorize any holder of medical or other information about me to be released to the Social Security Administration and Centers for Medicare &amp; Medicaid Services or its intermediaries or carrier, or any other insurance company, any information needed for this or a related Medicare/Other Insurance company claim.</p> <p>I understand my signature requests that payment be made and authorizes release of medical information to the insurer or agency shown necessary to pay the claim.</p> <p>For Medicare, Student Health Services agrees to accept the charge determination of Medicare as the full charge, and the patient is responsible only for the deductible, coinsurance, and non-covered services as determined by Medicare.</p> <p>I understand that Student Health Services does not participate in or accept assignment from any third party insurance company, including any MCO, HMO, or PPO's and I take full responsibility for any balance not covered or paid by the third party insurance.</p>		
<p>I have received the Out of Network Insurance Notice ( <input type="checkbox"/> )  <div style="text-align: center; font-size: small;">Initial</div> </p>		
<b>Patient Signature :</b>		<b>Date:</b>

07/11

*For Office Use Only*  
Date \_\_\_\_ By \_\_\_\_



**Student Health Services**  
**Wilce Student Health Center**  
 OFFICE OF STUDENT LIFE