

## Admission Requirements

In order to facilitate a smooth transition into our program, we require the following information:

Enrollment Questionnaire

Enrollment Agreement with

Appendix A – Policies & Procedures

Financial Policy

Medical Exam

Medical Insurance

Psychiatric and/or Psychological Services

Clothing & Personal Items

Smoking

Statement on Religion

Clients Rights Policy

Grievance Policy

Notice of Privacy Policy

Appendix B – Consents & Acknowledgements

Consent to Test

Athletics and Recreation

Publicity

Therapeutic Physical Restraint

Consent and Authorization for Release of Information to Educational Consultant

Medical Information:

Physical Examination Form completed

Medical History completed

Copy of Immunization Record

Copy of last Dental Exam (only if you want us to provide dental services)

Copy of Birth Certificate

Copy of most recent mental health assessment

Medical Insurance form completed with a copy of the Medical insurance and prescription card

Authorization to Secure Routine Medical Care

Authorization to Administer Medication

Consent to Treat and Authorization for Release of Records (MSU)

Release of Cumulative Education File

Credit Inquiry completed

ACH Withdrawal Authorization or Credit Card Authorization completed

## ENROLLMENT QUESTIONNAIRE

**Student** \_\_\_\_\_

(First)

(Middle)

(Last)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Weight \_\_\_\_\_ Social Security Number \_\_\_\_\_ Height \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

**Mother** \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Title/Position \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Father** \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Title/Position \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax# \_\_\_\_\_

E-mail Address \_\_\_\_\_



Current School \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

School Contact Person \_\_\_\_\_

Phone number \_\_\_\_\_ Current Grade \_\_\_\_\_

Is the Student certified as Special Education? Yes  what category? \_\_\_\_\_ No

Is there a current Individualized Education Plan (IEP)? Yes  No

Please list any special school services the Student is currently receiving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current courses:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

The following questions are designed to assist us in working effectively with the Student and family. Please complete them in their entirety. Feel free to continue your answers on the back of the form.

What would you consider to be the Student's greatest strengths (leadership potential, care for others, academic or athletic ability, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current behavior difficulties of the Student: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the Student experienced any traumatic events or major changes in his life? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does the Student express emotions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how the Student interacts with peers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your goals for the Student while in our program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the Student ever experienced or exhibited any of the following? If yes, please provide specific details, including dates.

Any incident of fire setting or playing with fire? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_

Drug, alcohol or tobacco use?

Yes  No

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Suicidal discussion or attempt?

Yes  No

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Run away or truancy?

Yes  No

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Assaultive behavior?

Yes  No

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Self abuse?

Yes  No

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Sexual activity?

Yes  No

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Physical or sexual abuse/rape?

Yes  No

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Name, address and phone number of the Student's last therapist (psychiatrist, social worker, psychologist, or other health care professional)?

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Does the Student have any allergies or reactions to medications, food, insects, etc.? Yes  No   
If yes, please describe

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Are there any dietary restrictions: Yes  No   
If yes, please list them \_\_\_\_\_

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## Montcalm School Enrollment Agreement

This contract is in effect from the enrollment date of \_\_\_\_\_ through \_\_\_\_\_.  
 This agreement can be extended on a month by month basis upon agreement by both parties.

Student's full name \_\_\_\_\_ (the Student).

**RESPONSIBLE PARTY** The parties to this agreement are Starr Commonwealth, doing business as Montcalm School, 13725 Starr Commonwealth Road, Albion, Michigan 49224 and the parent(s) or legal guardian of student (Parents),

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ E-mail \_\_\_\_\_

Relationship to Student or legal capacity:  Parents  Legal Guardian  Other \_\_\_\_\_

and each other party signing below who agrees to pay the Student's tuition, fees, transportation costs, and other expenses of attendance at Montcalm School (Other Responsible Party).

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ E-mail \_\_\_\_\_

Relationship to Student or legal capacity:  Parents  Legal Guardian  Other \_\_\_\_\_

Parent(s) and Other Responsible Party are jointly and severally obligated to pay 100% of the contract payment as indicated below:

**TUITION & FEES**

Parents hereby enroll the Student in \_\_\_\_\_ program and agree to pay tuition and fees according to this schedule and the payment options elected below:

**Enrollment Fee is \$1,500.00.** This is a one-time, non-refundable fee. Payment is due with the submission of the Enrollment Agreement. The fee can be reduced or waived as outlined in the Schedule and Description of Fees.

CONTRACT 1

**Student Services Account requires an initial deposit of \$500.00.** This account is maintained for the purpose of paying a variety of incidental expenses as explained in the Financial Policy section of Appendix A.

**Tuition is \$ \_\_\_\_\_ per month for the period of the contract.** Tuition charges include education instruction and materials, daily therapeutic personal growth services, group therapy, room and board, and the use of the school's facilities. Montcalm School provides instruction only through Grade 12; if a student remains enrolled after high school graduation, the other services continue to be provided.

### PAYMENT OPTIONS

Parents or Other Responsible Party shall pay tuition according to one of the following payment plans (please check one):

- Full payment - Full tuition and fees for the enrollment period will be paid no later than the date of admission to Montcalm School.
- Quarterly Payment - Subject to credit approval, the first quarterly payment (two full months and the tuition deposit) will be paid no later than the date of admission to Montcalm School. Subsequent quarterly payments are due 60 days after admission and each 90 days thereafter for the duration of the student's stay at Montcalm School.
- Monthly Payment - Subject to credit approval, tuition will be made in equal installments for monthly service periods. The first month's tuition and the tuition deposit is due no later than the date of admission to Montcalm School.

Payment can be made by check, bank wire, credit card or Electronic Funds Transfer (please complete Credit Card or ACH Authorization).

### REFUNDS

Consideration for refunds of prepaid tuition will be given only in the circumstances outlined in the Financial Policy section of Appendix A. Refunds of the balance in the Student Services Account will be made when it is determined there are no outstanding invoices to be paid from the Account.

### SPECIAL ARRANGEMENTS

To the extent possible, Montcalm School and its staff agree to provide special arrangements for students when it is deemed to be helpful for the student and reasonable for the school to accommodate. It is acknowledged and agreed upon by the Parents and Other Responsible Parties that if said special arrangements for the Student require excessive amounts of staff time or unusual expenses, that there may be additional charges associated with such time and expense. One such potential arrangement could be "Aftercare", or visits to the Montcalm campus subsequent to graduation for group meeting therapy of short duration. Aftercare would typically be provided at a cost equal to Montcalm Schools' per diem tuition rate currently in effect. Transportation to and from campus for aftercare would be at the expense of the Parents or Other Responsible party.

CONTRACT 2

### POLICIES AND CONSENTS

Enrollment of the Student at Montcalm School is expressly made subject to these policies and consents. Parents and Other Responsible Parties, by signing this agreement, acknowledge receipt of copies of them and, for themselves and the Student, agree to be bound by them:

- A. Montcalm School Policies – Appendix A.
- B. Montcalm School Acknowledgements & Consents – Appendix B

Those policies and procedures are subject to change from time to time. Montcalm School will provide copies of any revised policies or procedures to Parents and Other Responsible Parties when they are adopted.

### DAMAGES

The Student's Parents or Other Responsible Parties will pay for any damage (other than normal wear and tear) caused by the Student to school property or to the personal property of staff or other students. Information about the basis for the charges will be provided with the billing statement, and the Parents or Other Responsible Parties will have the opportunity to question or object to any charges before they become due 30 days after the date of the statement. Thereafter, charges not timely paid will be subject to the same late fees and dismissal sanctions as a delinquent installment payment of tuition and fees.

### DEFAULT

Upon any breach by Student or parties responsible for payment, we agree that Montcalm School may accelerate the balance due under the terms of this Enrollment Agreement, enforce its rights, suspend the Student's enrollment, and withhold transcripts and/or grade reports from the Student, from us or any other third party.

### JOINT & SEVERAL LIABILITY

If more than one Parent or Other Responsible Party signs this Enrollment Agreement, each is jointly and severally obligated to pay the full amount owed and to fulfill all obligations herein. The School may enforce its rights under this Enrollment Agreement against each Parent or Other Responsible Party individually or jointly, which means that each Parent or Other Responsible Party may be required to pay all of such amounts owed. The School may release or waive enforcement of this Enrollment Agreement against one Parent or Other Responsible Party and such a waiver or release will not extend or extinguish the liability of the other Parent or Responsible Party.

### UNDERTAKINGS

Montcalm School undertakes to provide a therapeutic and educational program within its specially structured setting. Montcalm School does not warrant that participation in its program by any individual, including the Student, will produce personal growth, academic success, or other positive therapeutic outcomes.

### BREACH OF AGREEMENT

Any breach of the terms of this Agreement by Student or parties responsible for payment may, in the discretion of Montcalm School, result in expulsion of the Student.

CONTRACT 3

DISPUTES

Any dispute arising from or concerning this agreement or its breach that cannot be resolved in the normal course of business will be submitted to mediation. Mediation will be conducted under the facilitative mediation rules and procedures in use in the Calhoun County Circuit Court. If the parties cannot agree on the selection of a mediator, a mediator shall be selected by lot from the panel of approved mediators for the 37<sup>th</sup> Judicial Circuit. This provision shall not be construed to require the filing of any action in the court as a prerequisite to mediation. The parties agree to engage in a good-faith effort to settle the dispute by mediation, and mediation shall be a condition precedent to the institution of arbitration. The mediation will be confidential. Unless agreed among all of the parties or required to do so by law, the parties and the mediator will not disclose to any person who is not associated with participants in the process any information regarding the process, contents, settlement terms, or outcome of the proceeding.

Any dispute arising out of or relating to this agreement that has not been resolved by good-faith negotiations or mediation will be finally settled by arbitration in accordance with the then-current rules of the American Arbitration Association by a sole arbiter. The arbitration will be governed by the Federal Arbitration Act, 9 USC 1-16, to the exclusion of any inconsistent state law, and judgment upon the award rendered by the arbitrator may be entered by any court having jurisdiction. The place of arbitration will be Albion, Michigan. The arbitrators are not empowered to award damages in excess of any lawful limitations on damages provided in this agreement.

The substantive law governing any dispute will be the law of Michigan. The statute of limitations of Michigan applicable to the commencement of a lawsuit will apply to the commencement of arbitration under this section.

GOVERNING LAW

The laws of Michigan shall govern this contract's interpretation and enforcement. This agreement sets forth and constitutes the entire agreement and understanding of the parties with respect to the subject matter hereof. This agreement supersedes any and all prior agreements, negotiations, correspondence, undertakings, promises, covenants, arrangements, communications, representations, and warranties, whether oral or written, of any party to this agreement.

We affirm that we have read, understand and accept the terms and conditions of this Enrollment Agreement.

WITNESSED BY:

\_\_\_\_\_ Date Parent or Other Responsible Party

\_\_\_\_\_ Date Parent or Other Responsible Party

\_\_\_\_\_ Date By Montcalm School, a program of Starr Commonwealth

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## Appendix A

### Montcalm School Policies & Procedures

#### **FINANCIAL POLICY**

##### **ENROLLMENT**

Once accepted for enrollment, our rolling admission policy allows for the Student to be admitted at any time mutually agreed upon by the Parent(s) or Other Responsible Party and Montcalm School. Lengths of stay vary depending upon the needs of the Student and the program. The enrollment period may be extended at any time, at the rate of tuition then in effect, by mutual agreement of the parties to the Enrollment Agreement.

##### **SCHEDULE AND DESCRIPTION OF FEES - ATTACHED**

Tuition and all other fees must be paid in U.S. funds prior to arrival on campus.

##### **TUITION REFUND**

In general, tuition is non-refundable. Examples of unusual circumstances under which a tuition refund may be considered are as follows:

- Early graduation by the Student.
- Withdrawal from the program due to a physician-verified medical necessity.
- Involvement in behavior inappropriate for the Montcalm program.

Under no circumstances will any tuition refund be granted for days in which the Student has participated in the Montcalm School program. Refund considerations, when conditions warrant, are given only to tuition paid in advance and for time periods subsequent to the Student's discharge from the program. Generally, refunds of unused tuition are made within thirty days. Refund of balances in the student services account is refunded when all outstanding charges have been paid.

##### **EARLY WITHDRAWAL**

Parents must give 30 days' notice of the voluntary early withdrawal from Montcalm School. Tuition will continue until the 30 day notice has elapsed.

Montcalm School reserves the right to expel a Student if circumstances or conditions exist in regard to the Student that would have precluded enrollment into the program had such circumstances or conditions appeared in the Student's case history or otherwise been known to staff prior to enrollment.

CONTRACT 5

### **PAST DUE ACCOUNT BALANCES AND LATE PAYMENTS**

When tuition is not paid by the date due, the following procedures shall apply:

- A late payment fee of \$50 per month will be charged.
- Within ten (10) days following the payment due date, the Parent(s) or Other Responsible Party will be notified that their account is past due.
- When payment is twenty (20) days past due, the Parent(s) or Other Responsible Party will receive a notice that payment must be made to continue services to the Student.
- If all past due amounts are not paid by thirty (30) days following the due date, the Parent(s) or Other Responsible Party will be contacted to make arrangements for the discharge of the Student.
- Any remaining balance due after crediting tuition received in advance and funds remaining in the Student Services Account will be subject to further collections procedures.
- Student records will not be released until all outstanding balances have been paid.

Past due charges plus all enrollment-related fees must be paid prior to re-enrollment.

### **MEDICAL EXAM**

It is recommended that your child receive a complete physical prior to attending Montcalm School. This will ensure that we have up to date and accurate health information regarding your child which will help the medical staff to provide appropriate care and follow up treatment(s). All students will be seen by a physician within the first month of arriving at Montcalm for a new student review. During this review, the medical information, physical, immunization status, medications and pertinent health information will be reviewed. It is in your student's best interest to have up-to-date and accurate health information provided prior to enrollment.

Physicals must be updated annually. If you wish to have the annual physical done by your family physician, please provide a copy of the physical to the medical clinic prior to the annual physical exam due date. If you wish, we can arrange for the annual exam to be completed by a local physician and billed to you or your insurance.

### **MEDICAL INSURANCE**

The student should be covered at all times by medical insurance. The parents or responsible party shall provide a copy of the student's insurance card upon enrollment at Montcalm School. Healthcare providers will be encouraged to bill parents or responsible parties and their insurance carrier directly for all medical and healthcare costs. Providers may require that co-pays and/or deductibles be paid upon receipt of services. In that case, payments will be deducted from the student services expense account.

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Certain services provided by staff at Montcalm School may qualify for reimbursement under medical insurance policies. Please be advised that Montcalm School assumes no responsibility for submitting medical insurance claims. At the request of parents or responsible parties, Montcalm School will forward documentation of potentially reimbursable expenses.

## **PSYCHIATRIC AND/OR PSYCHOLOGICAL SERVICES**

If it is determined that psychiatric and/or psychological services are needed for your student, those services will be arranged with licensed professional providers. You will be given the opportunity to choose a provider based on the availability of the providers within our community or services can be provided by MSU Health Team via telepsychiatry. If your child has received psychological services prior to enrollment, an appointment will be set up upon enrollment.

Please understand that we are bound by licensing regulations and laws to follow the recommendations and orders of all medical providers. If you disagree with a treatment or order by a provider, you will need to follow up with the provider and the provider would have to establish new written and signed orders for Montcalm to follow. Montcalm School cannot take verbal orders from families regarding medical treatments, which includes but is not limited to medication orders. Your child's treatment team will make every effort to keep you informed of all physician ordered treatment.

## **CLOTHING & PERSONAL ITEMS**

Students attend school five days per week and have a dress code. Clothing is subject to staff and group approval. Generally, Students are allowed to wear their own style providing the clothes are kept neat, clean and appropriate. Students are required to wear dress clothing for chapel services, if they attend.

Please consider seasonal conditions at Montcalm School. Fall, Winter, and Spring can be very cold with temperatures reaching below freezing in the Winter. Students will continue outdoor activities throughout the year and need adequate warm clothing including gloves, hats, and boots.

If a Student is in need of clothing, Parents or Legal Guardian are able to send money, and staff will take the Student shopping to purchase necessary items. Students also have the option of bringing back additional items from a home visit.

We do not encourage Students to bring expensive personal items. If a Student and their Parent(s) or Legal Guardian decides to bring these items, it should be clearly understood that it will be at their own risk.

Parent(s) or Other Responsible Parties are responsible for the cost of shipping personal items back home.

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## **SMOKING**

To insure a safe and healthy environment at Starr Commonwealth/Montcalm School, we maintain a SMOKE-FREE environment. We ask for complete cooperation from students, families, visitors, as well as our staff. Thank you for your cooperation.

## **STATEMENT ON RELIGION**

Starr Commonwealth's Creed, written by Floyd Starr in 1913, states, "We believe that to attain the full stature of man, spiritual development should go hand in hand with physical, mental and moral development." Montcalm School invites and encourages all Students to participate in spiritual development activities on campus.

Montcalm School provides an atmosphere that respects the diverse religious beliefs of its Students, by providing exposure to spiritually enhancing activities and programs during the week. In addition, non-denominational worship services are provided weekly, and on special occasions. When possible, these services are conducted by the Chaplain or the Spiritual Director on campus. Montcalm School does not require attendance or participation of any Students in religious programming practices.

## **CLIENTS RIGHTS POLICY**

All Students have the right to equal access to services and impartial treatment without discrimination by religion, race, color, national origin, age, sex, height, weight, familial status, marital status, or disability as defined by law.

Care and treatment shall recognize and respect the personal dignity of the Student. All Students shall have the right to every consideration of their privacy and individuality as it relates to their social, religious, and psychological well being.

All Students have the right to individualized treatment including:

- A. A treatment plan determined by clinical assessment and available to the Student.
- B. The right to review those portions of their record which were developed at Montcalm School, provided that this disclosure does not violate the confidentiality of family members or other individuals whose contacts may be contained in the record.
  - 1) Record review will be done with a Student by the program director and other treatment staff, as the program director deems appropriate
  - 2) How the record is reviewed with the Student will be determined by the program director. This determination will be made based upon the nature of the material to be reviewed and the status of the Student.
  - 3) A record review may range from sharing of actual material to a verbal review by the program director.

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- C. The right to insert a statement into their record about their problems or about services they are receiving or may wish to receive and that, should Montcalm School add statements or responses related to the Students' statement, it is done with the Student's knowledge.
- D. The treatment plan shall be individualized, include active participation of the Student and/or their, Parents or Legal Guardian or significant other, be reviewed periodically, and be implemented and supervised by competent and qualified staff.
- E. The right to treatment provided in the least restrictive environment.
- F. Confidentiality of communications between Student and staff.
- G. Information recorded in the Student's chart shall be the responsibility of all staff members.
- H. Complete and current information regarding diagnosis, treatment, and prognosis in understandable terms and language.
- I. The right to know by name and specialty the staff member(s) responsible for the coordination and implementation of care and treatment.
- J. The right to respectfulness and privacy as it relates to case discussion, consultation, examination, and treatment because these are confidential and should be conducted discreetly.
- K. The right to expect a reasonable continuity of care and treatment.

All Students receiving services from Montcalm School in out-of-home care have the right to:

- A. Enjoy freedom of thought, conscience, and religion.
- B. Reasonable enjoyment of privacy.
- C. Have his opinion heard and be included, to the greatest extent possible, when any decisions are being made affecting his life.
- D. Receive appropriate and reasonable adult guidance, support, and supervision.
- E. Freedom from physical abuse and inhumane treatment.
- F. Protection from all forms of sexual exploitation.
- G. Adequate and appropriate medical care.
- H. Adequate and appropriate food, clothing, and housing.
- I. Possession of his/her own money and personal property in accordance with his/her service plan.
- J. Clean and safe surroundings.
- K. Participation in an appropriate educational program.
- L. Communication with family, friends, and "significant others" in accordance with his/her service plan. Communication includes visitation, telephone conversations, sending and receiving mail. Restrictions on communication necessitated by clinical indications will be continuously evaluated. Such restrictions will be explained to the Student and their Parent(s) or Legal Guardian.
- M. Learn to fulfill appropriate responsibilities to him and to others.

The Student shall not be required to work for the benefit of Montcalm School; however, a Student can be required in the case of out-of-home care to perform tasks of a personal housekeeping nature without compensation.

All Students and their Parent(s) or Legal Guardian (in the case of minor Students) shall be informed about:

- A. The above listed rights. In addition, notification of the existence of a Client Rights Policy and the availability of that policy shall be posted throughout the organization in strategic locations accessible and

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- visible to Students.
- B. The nature of the care, procedures, and treatment he will receive including the rules and regulations of the program.
  - C. Signed consent for the use of audio/visual equipment and participation in research projects.
  - D. Discharge plans.
  - E. After care plans.
  - F. The right to initiate a complaint or a grievance and the procedure to do so.

All Students shall have the right to a review if they believe any of the above rights have been violated. Notification of a complaint/grievance shall be given to the assistant director or director for the respective program or the following:

|                                |   |  |
|--------------------------------|---|--|
| For Albion, Michigan Programs: | Dept. of Human Services<br>Calhoun County Protective Services<br>190 East Michigan Avenue<br>Battle Creek, MI 49016<br>269.966.1284 | Licensing Consultant<br>Office of Children & Adult Licensing<br>2121 W. Stadium<br>Ann Arbor, MI 48103<br>734.665.6417 |
|--------------------------------|---|--|

## **GRIEVANCE POLICY**

The term “grievance” shall be defined as any dispute regarding the delivery of clinical services, including assessment, therapeutic intervention and case disposition. Grievance should be considered as part of a treatment process. Every attempt should be made to secure a just and fair solution.

The Student may, if he/she desires, be accompanied at any step in the grievance procedure by other persons of his/her choosing.

*Step One:* After the occurrence of a grievance, the Student is encouraged to present the grievance to the treatment personnel involved, with the objective of resolving the matter informally.

*Step Two:* If the grievance is not resolved in Step One, the Student or treatment personnel should present the problem orally to the staff members’ supervisor, who shall meet with all parties involved.

*Step Three:* If the grievance is not resolved in Step Two and the supervisor is not a Director, the supervisor will present the problem to the director who shall hold a meeting with all parties involved in the grievance.

In the event a grievance involves a Student in custody of another agency, representative(s) of that agency may be involved at any step. The grievance and resolution of the grievance will be documented in the Student’s case record. A time of one week for response to the Student at each step shall be established in order to assure prompt consideration of the grievance.

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## NOTICE OF PRIVACY POLICY

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this notice please contact the Starr Commonwealth Director of Risk Management at 517.629.5591.

This Notice of Privacy Policy describes how Starr Commonwealth may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Policy. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. We will provide you with any revised Notice of Privacy Policy upon your request. Requests can be made by calling our office and requesting that a revised policy be sent to you in the mail or by visiting our website at [www.starr.org](http://www.starr.org).

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

Following are examples of the types of uses and disclosures of your protected health information (PHI) that Starr Commonwealth is allowed to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our offices.

**Treatment:** We may use PHI to provide medical treatment or services. We may disclose medical information about you to Starr Commonwealth staff that are charged with your daily care and treatment. For example, cottage staff members need to know any food allergies you may have in order to plan meals accordingly. Treatment staff and counselors may need to know any medication history in order to continue quality care during your stay.

**Payment:** We may use and disclose your PHI for Starr Commonwealth operations. These uses and disclosures are necessary in order to show Starr Commonwealth as an effective treatment program. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many Starr Commonwealth clients to decide what additional services we should offer, what services are not needed, and whether new treatments are effective. We are required to remove information that identifies you from this sort of information so others may use it to study health care without learning who the specific clients are.

**Business Associates:** We may be required to provide PHI to entities that provide medical, dental or psychiatric and psychological care. For example, in cases of emergency care when traveling off-campus for home visits or trips; dental or doctor visits; or seeing a psychologist contracted to provide services to clients of Starr Commonwealth.

**As Required By Law:** We will disclose PHI about you when required to do so by federal, state, or local law.

**Law Enforcement:** We may release PMI about you if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process.

**Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and accreditation. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

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**Public Health:** We may disclose your PHI for public health activities. For example, we may disclose your PHI when necessary to prevent a serious threat to your or other's health and safety. Public health activities generally include: (1) to prevent or control disease, injury or disability; (2) to report reactions to medications or problems with products; (3) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (4) to notify the appropriate government authority if we believe an individual has been the victim of abuse, neglect, or domestic violence.

**Fundraising:** Under certain circumstances we may use and disclose medical information about you for fundraising activities for Starr Commonwealth and its operations. Information will be unidentified when applying for grants from foundations or other benevolent sources.

**Research:** Under certain circumstances we may use and disclose medical information about you for research information and purposes. A research project by appropriate professional staff may include comparing behaviors before and after treatment at Starr Commonwealth. All research projects are subject to a special approval process through the Programs Director, the Director of Evaluation and Planning, and the Vice President of Programs.

**National Security and Intelligence:** We may release medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

#### YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records, but does not include psychotherapy notes. You must submit your request in writing to the Starr Commonwealth Records Manager using the request form. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain circumstances. If you are denied access to medical information, you may request that the denial be reviewed. The Director of Administrative Services will review the request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend:** If you feel the PHI we have about you is incorrect or incomplete, you have the right to ask us to amend the information. You have a right to request to amend the information as long as Starr Commonwealth retains the information. To request an amendment, you must submit a request in writing to the Starr Commonwealth Records Manager. In addition, you must provide a reason that supports your request. Starr Commonwealth will respond to the request within 60 days. If Starr Commonwealth is unable to take action within the applicable time period, Starr Commonwealth may extend the time for such an action by 30 days. Starr Commonwealth will provide a written reason for the delay and the date by which it will complete action on the request.

We may deny your request if it is not in writing or does not include a reason for your request. In addition, we may deny your request if it asks us to amend information we did not create, is not part of the information you would be permitted to inspect or copy, or is information that is correct and accurate.

**Right to an Accounting of Disclosures:** You have the right to request an accounting of the disclosures of your PHI that

CONTRACT 12

we make. To request a list of the disclosures we have made, submit your request in writing to the Starr Commonwealth Records Manager. Your request must state the time period, which may not be longer than six years and may not include dates before October 2003. Your request should indicate in what form you want the list - paper or electronically. Your request must also specify where you want the information directed, such as postal or email address.

You may request the list at reasonable intervals, which we may determine. You may receive the first accounting per calendar year for no charge. If you request an accounting after this you will be charged fees for copying, mailing, or staff time preparing the document. If this is the case, we will notify you of any charges before proceeding with the request, and you may withdraw your request before any charges are incurred.

Starr Commonwealth will respond to the request within 60 days. If Starr Commonwealth is unable to take action within the 60 days, Starr Commonwealth may extend the time for such an action by 30 days. Starr Commonwealth will provide a written reason for the delay and the date by which it will complete action on the request. Starr Commonwealth may only make one extension of 30 days for each request.

**Right to Request Restrictions:** You have the right to request restrictions on the uses and disclosures of your PHI by Starr Commonwealth. Requests for restrictions must be submitted in writing to the Starr Commonwealth Records Manager. Starr Commonwealth is not required to accept any requests for restrictions on the uses and disclosure of PHI.

If the request for restriction on the use and disclosure of your PHI is accepted by Starr Commonwealth, the restriction can be revoked by you at any time when submitted in writing to the Starr Commonwealth Records Manager.

**Right to Receive Confidential Communications:** You have the right to request that we contact you about matters that involve your PHI only in certain ways or in certain locations. An example would be that we might only contact you in person or in writing to a certain address. To request confidential communications, you must make your request in writing to the Starr Commonwealth Records Manager. We will not ask you the reason for the request. We will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.

**Right to a Paper Copy of this Notice:** You have the right to a paper copy of this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as information we receive in the future. We will post a current copy of this notice on the Starr Commonwealth website at [www.starr.org](http://www.starr.org). The notice will contain the effective date in the upper right hand corner.

**Grievance:** If you believe your privacy rights have been violated, you may file a grievance with Starr Commonwealth by submitting a grievance form in writing to the Starr Commonwealth Records Manager. If you are not satisfied with the response you receive from Starr Commonwealth, you have the right to file a complaint with the Michigan Department of Human Services or Ohio Department of Job and Family Services. You will not be penalized for filing a grievance.

If you would like to discuss the privacy of your Protected Health Information in detail, or if you have any concerns, please feel free to contact our Director of Risk Management at 1-517-629-5591.

**Other Uses and Disclosures:** Other uses or disclosures of your PHI not covered by this notice or laws that apply to our use and disclosure will be made only with your written authorization. You may revoke your authorization, in writing, at any time. If you revoke your authorization we will no longer use or disclose your PHI for the reasons covered by your written authorization. We are unable to take back any use of disclosure that has already been made with your authorization or that has been described in this notice.

CONTRACT 13

By signing this form you verify that you have received a copy, read, and understand the policies listed below which are contained in this document:

Financial Policy  
Statement on Religion  
Notice of Privacy Policy

Medical Insurance  
Clients Rights Policy

Clothing & Personal Items  
Grievance Policy

---

Parent(s) or Legal Guardian signature

Date

---

Student Signature (if 18 years of age)

Date

---

Student's Printed Name

CONTRACT 14

## Appendix B

### Montcalm School Consents & Acknowledgements

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date of Birth

#### **Consent to Test**

I grant Montcalm School permission to administer tests to the above Student that are pertinent and appropriate. These tests may include psychological and/or academic tests. \_\_\_\_\_ [Initial]

#### **Consent and Authorization for Release of Information to Educational Consultant**

Montcalm School, its employees, and agents are authorized to release the following information to \_\_\_\_\_ (name), an educational consultant retained by the Parents(s) or Legal Guardian on behalf of the student:

- All academic information and records pertaining to the Student. \_\_\_\_\_ [Initial]
- All information and records pertaining to the mental health of the Student. \_\_\_\_\_ [Initial]
- All information and records pertaining to the Student's behavior. \_\_\_\_\_ [Initial]
- All information and records pertaining to the physical health of the Student \_\_\_\_\_ [Initial]

#### **Athletics and Recreation**

I hereby consent for the Student to participate in Montcalm School's Physical Education, Intramural, Interscholastic, Fine Arts and Recreational Programs. This may require out of state and/or overnight travel with staff members, except that the Student is not to participate in the following activities for medical reasons: \_\_\_\_\_ [Initial]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **Publicity**

The work of Montcalm School is heavily dependent upon the good will and assistance of many friends. In order that our supporters and other interested people may be well-informed about our objectives and program, we engage in a

certain amount of public relations. This includes descriptive brochures and an occasional release to newspapers, magazines, radio, television, or the Internet. Confidential material about any of our Students is **never** released and Students are identified by first name only, unless given permission otherwise. Please give your consent for the Student to be photographed or recorded for use in any publicity or marketing materials approved by Montcalm School as described.

\_\_\_\_\_ [Initial]

**THERAPEUTIC PHYSICAL RESTRAINT**

It is the primary concern of Montcalm School's staff to provide for the safety of children. For some of our students, violence may be one way to express anger or anxiety, and this may, in turn, provoke similar actions in others or may endanger the safety of students and staff members. Staff make every effort to defuse a potential crisis before a young person escalates to violence.

Staff's role is to respond to a Student's acting out behaviors in firm, caring responses to ensure safety for all persons present. When other interventions have been unsuccessful in controlling the aggressive Student, therapeutic physical restraint (TPR) may be necessary. TPR would be used only when acute physical behavior clearly indicates the intent or threat to inflict physical injury upon oneself or others or to extensively damage property. The immediate goal of TPR is to help the Student regain self-control, and TPR will only be used to the extent necessary to prevent the possibility of injury or damage expressed above. The long-term goal is to teach the Student better ways of coping with difficult situations, while installing in all youth that this is a safe place where people do not hurt each other.

I have read and understand the reasons for the use of therapeutic physical restraint. \_\_\_\_\_ [Initial]

I agree and consent to the requests made above. Date Signed: \_\_\_\_\_

|          |            |
|----------|------------|
| Witness: | Parent(s): |
| _____    | _____      |
| _____    | _____      |

|          |  |
|----------|--|
| Witness: | Legal Guardian or Other Responsible Party: |
| _____    | _____                                      |

|          |   |
|----------|---|
| Witness: | Student signature (if 18 years of age): |
| _____    | _____                                   |

## CREDIT INQUIRY FORM

The information provided by you in this Consent Form will be used to obtain your credit rating. If you enter into a contractual agreement with Montcalm School, it can be used to expedite collection efforts in the event that you fail to keep your account current. This Consent Form and the information provided therein will not be used for any other reason without your express written permission. False, incomplete or inaccurate information will be grounds for refusal of service.

Montcalm School is a program of Starr Commonwealth, a non-profit provider of services to youth and children. By entering into this agreement with Montcalm School you are agreeing to pay when due, all charges incurred.

I authorize Starr Commonwealth, its Officers and any credit reporting agency it may designate to obtain any and all information concerning my employment, deposit accounts, obligations, payment history and all other credit matters they may require in deciding to extend credit to me for obligations due Starr Commonwealth for its Montcalm Schools program. I understand that the information so obtained will be used by Starr Commonwealth to determine qualification for credit and will not be disclosed to others except as required and permitted by law or as authorized by me.

### RESPONSIBLE PARTY:

|                                    |               |                   |           |
|------------------------------------|---------------|-------------------|-----------|
| _____                              | _____         | _____             |           |
| Name                               | Date of Birth | Social Security # |           |
| _____                              |               | _____             | _____     |
| Address                            |               | City              | State Zip |
| _____                              |               | _____             |           |
| Daytime Telephone                  |               | E-mail address    |           |
| _____                              |               | _____             |           |
| Parent/Responsible Party Signature |               | Date              |           |

### ADDITIONAL RESPONSIBLE PARTY:

|                                    |               |                   |           |
|------------------------------------|---------------|-------------------|-----------|
| _____                              | _____         | _____             |           |
| Name                               | Date of Birth | Social Security # |           |
| _____                              |               | _____             | _____     |
| Address                            |               | City              | State Zip |
| _____                              |               | _____             |           |
| Daytime Telephone                  |               | E-mail address    |           |
| _____                              |               | _____             |           |
| Parent/Responsible Party Signature |               | Date              |           |

**CREDIT CARD AUTHORIZATION AND  
INFORMATION**

-----  
Student Name

For your ease and convenience of payment, Montcalm School is able to accept Visa, Master Card, and American Express. Your credit card can be used for monthly tuition, student enrollment fee, student account, medical, dental, and transportation expenses. This method of payment may be beneficial for those who earn extra credit or miles for every dollar, they spend. If choosing to pay tuition by credit card, Montcalm School will debit on or about the 1st of each month automatically.

Credit Card Authorization

I, \_\_\_\_\_  
Name of Cardholder

Authorize Montcalm School to charge my/our

Visa \_\_\_\_\_ Master Card \_\_\_\_\_ American Express \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

## ACH WITHDRAWAL AUTHORIZATION FORM

Please complete or attach a voided check.

Payer's name \_\_\_\_\_

Payer's address \_\_\_\_\_

Payer's bank routing number \_\_\_\_\_

(9 digits)

Payer's bank account number \_\_\_\_\_

Payer's bank account name \_\_\_\_\_

Type of account:        \_\_\_\_\_ Checking        \_\_\_\_\_ Savings

Bank telephone \_\_\_\_\_

Send E-mail confirmation to \_\_\_\_\_

**My signature authorized Starr Commonwealth to make ACH withdrawals of tuition payments in the amount of \$ \_\_\_\_\_ each \_\_\_\_\_.**

\_\_\_\_\_  
Parent/Responsible Party Signature

\_\_\_\_\_  
Date

You may request termination of this pre-authorized debit at any time by written notification. Accounts will debit on the 1<sup>st</sup> of the month or the Next Business Day.

## MEDICAL INSURANCE INFORMATION

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### Primary Insurance Carrier:

Insurance Co. Name: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_

Insurance Co. Phone: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_

Social Security # of Policyholder: \_\_\_\_\_

Birth Date of Policyholder: \_\_\_\_\_

Employer of Policyholder: \_\_\_\_\_

### Secondary Insurance Carrier:

Insurance Co. Name: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_

Insurance Co. Phone: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_

Social Security # of Policyholder: \_\_\_\_\_

Birth Date of Policyholder: \_\_\_\_\_

Employer of Policyholder: \_\_\_\_\_

Do you want Montcalm School to provide dental services for our child while he is in Starr Commonwealth's care?

Yes      No

(If yes, please provide dental insurance information below.)

Insurance Co. Name: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_

Insurance Co. Phone: \_\_\_\_\_

## AUTHORIZATION TO SECURE ROUTINE AND EMERGENCY MEDICAL SERVICES

Student's Name: \_\_\_\_\_

I authorize Starr Commonwealth, doing business as Montcalm School, to secure routine, non-surgical medical and dental care and routine immunizations, and to obtain emergency medical, dental, and surgical treatment and services of an anesthesiologist for the Student while in Starr Commonwealth's care.

**Non-emergency elective surgery is not included in this authorization.**

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

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Student signature (if 18 years of age): \_\_\_\_\_

Witness: \_\_\_\_\_ Witness: \_\_\_\_\_

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

This form is to be completed by Parent or Legal Guardian.

## CONSENT TO TREAT AND AUTHORIZATION FOR RELEASE OF RECORDS

CONSENT TO CARE. I, the parent or guardian of \_\_\_\_\_ consent for Montcalm School and Michigan State University to provide telepsychiatry services to him. I consent to receive such routine medical care and diagnostic procedures as are deemed necessary by the physician and his/her designees. I also consent to the administration of such drugs and therapeutics as may be ordered by the physician. I authorize the physician and his/her designees to obtain specimens of blood, urine and any other body fluids, tissues or products for the purpose of tests and procedures as deemed appropriate by my physician, and to dispose of same. Non compliance with my lab work or treatment may result in a discharge of services.

CONSENT TO USE OR DISCLOSE HEALTH INFORMATION. I understand that it is the intent of McIntosh Clinic in conjunction with Montcalm School and Michigan State University to hold all of my individually identifiable health information (medical records) with the utmost level of confidentiality. I consent to my physician and his/her designees and other healthcare providers using or disclosing my individually identifiable health information for treatment, payment, healthcare operations, and as described in Montcalm Schools' privacy notice. I consent to the disclosure of my son's individually identifiable health information (medical records) to Montcalm School, Michigan State University, and any referred physician for treatment or healthcare operations, including for my child's continuing care and treatment.

AUTHORIZATION FOR RELEASE OF INFORMATION: I understand that I am ultimately responsible for payment of services that are rendered to my child. I authorize Montcalm School to deduct the cost of the telepsychiatry services provided by Michigan State University from my son's student services account held with Montcalm School.

NO GUARANTEES OR ASSURANCES. I am aware that the practice of medicine is not an exact science, and I acknowledge that the physician has made no guarantees or assurances us to the results that may be obtained or the consequences that may follow concerning any treatment or services that my child received from the physician and his/her designees. I understand that my child will receive the usual and ordinary care rendered in this community and that no other contract, written or implied, is being made.

I have read this form in its entirety or have had it read to me. Additionally, I have had the opportunity to ask any questions that I may have and they have been answered to my satisfaction.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_

## IMMUNIZATION RECORD

Name \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Enter the MONTH, DAY, and YEAR for all vaccines the Student received. Vaccines/doses in shaded boxes are recommended but not required.  
Type of Vaccine 1st Dose 2nd Dose 3rd Dose 4th Dose 5th Dose 6th Dose

| Type of Vaccine  | 1st Dose | 2nd Dose | 3rd Dose | 4th Dose | 5th Dose | 6th Dose |
|--|----------|----------|----------|----------|----------|----------|
| Diphtheria, Tetanus, and Pertussis (DTP/DtaP/DT/Td/Tdap) |          |          |          |          |          |          |
| Polio (IPV, OPV)   |          |          |          |          |          |          |
| Measles, Mumps, and Rubella (MMR)                        |          |          |          |          |          |          |
| Haemophilus influenzae type b (Hib)***                   |          |          |          |          |          |          |
| Hepatitis B (hep B)                                      |          |          |          |          |          |          |
| Varicella (chickenpox)                                   |          |          |          |          |          |          |
| Hepatitis A (hep A)                                      |          |          |          |          |          |          |
| Influenza  |          |          |          |          |          |          |
| Meningococcal (MPSV, MCV)                                |          |          |          |          |          |          |

\_\_\_\_\_  
Signature of Parent/Guardian or Physician/Public Clinic Date

## IMMUNIZATION INFORMATION

COMPLETE IMMUNIZATION RECORDS ARE REQUIRED BY STATE LAW

Student Immunization History Attached:         Yes     No

All immunizations should be up to date prior to attending Montcalm School according to the recommendations set forth by the American Academy of Pediatrics.

If immunization records do not comply, I/We consent to Montcalm School making the necessary arrangements to obtain necessary immunizations within 7 days of admission and are to be financially responsible for all costs associated.

Note: School immunization compliance varies within each state. Your child may be compliant by the school standards for the State in which he attended school but not compliant to the American Academy of Pediatrics guidelines. Please consult your child's primary medical provider and have them provide Montcalm School with an updated immunization record prior to placement. We will be required to bring the student's immunizations current if we do not receive the immunization record at placement.

Parent or Guardian initials \_\_\_\_\_

Name of Student: \_\_\_\_\_

Admission Date: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_

Age at Admission: \_\_\_\_\_ Cottage: \_\_\_\_\_

## AUTHORIZATION TO ADMINISTER MEDICATION

### To be completed by Parent/Guardian

I/We hereby request and authorize Montcalm School and its staff as appropriately delegated to administer medication as directed by the physician. I/We agree to release, indemnify and hold harmless Montcalm School and its staff from lawsuit, claim, demand or action against them, for administering prescribed medication to this student, provided Montcalm School and its staff is following the physician's order as written. I/We have read the procedures outlined below and assume the responsibilities as required.

### Procedures and Information for Parents/Guardians

- Prescriptions for analgesics (pain killers), stimulants (used in the treatment of ADD/ADHD) and other Class 2 medications must be written by a physician licensed in the State of Michigan.
- No medication will be administered in the facility or during facility activities without the parent's/guardian's written authorization and a physician's written order. This includes both prescription and over-the-counter (OTC) medications.
- The medication must be delivered to the facility by the parent/guardian. Medication should never be brought to the facility by a student. Self administration of any medication is not permitted. Medications without accompanying physicians order and parental consent will be held at the McIntosh Clinic for one week. Medication not claimed within that time period will be destroyed.
- All prescription medication must be provided in a container with the pharmacist's label attached. Non-prescription OTC medication must be in the container with the manufacturer's original label. Physician samples must be appropriately labeled by the physician.
- As prescription medications are not a part of Montcalm School tuition, your insurance will be billed for these prescriptions.
- Parent consent is required prior to starting any new medication or with a change of medication category.

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

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

Student Signature ( if 18 years of age or older ) \_\_\_\_\_ Date \_\_\_\_\_

### Medication Supply Information

Utilization of a 90-day mail order supply (Medco, Caremark, Nextrx, etc.) is preferred for non-Michigan residents. Arrangements must be made by the family prior to enrollment. These mail order medications must be mailed to:

Starr Commonwealth – Montcalm School  
Attention: McIntosh Clinic  
13725 Starr Commonwealth Road  
Albion, MI 49224

If you have questions regarding mail order, please contact the Clinic Liaison at (517) 629-5591, ext. 2627.

13725 Starr Commonwealth Road | Albion, MI 49224-9580 | PH 1.866.244.4321 FX 1.517.629.4650 | [montcalmschool.org](http://montcalmschool.org)

## PHYSICAL EXAMINATION FORM

|   |               |           |
|---|---------------|-----------|
| Students Name:  | DOB:          | Age:      |
| Last                      First                      MI |               |           |
| Allergies:  |               |           |
| Height:   | BMI:          | Scars:    |
| Weight:   | BFI:          |           |
| Temp:   | Heart Rate:   | Tattoo's: |
| Blood Pressure:   | Respirations: |           |

Date Of Exam:

|  |        |          | Remarks: |
|--|--------|----------|----------|
|  | Normal | Abnormal |          |
| <b>Head:</b> Inspection of Size, Shape of head and scalp, symmetry, masses, signs of trauma.   |        |          |          |
| <b>Face:</b> Inspection of symmetry, lesions, palpation of Parotid Gland, frontal, ethmoid, maxilla sinuses. TMJ   |        |          |          |
| <b>Ears:</b> Inspection of the auricle, pinna, tragus, auditory canal, tympanic membrane   |        |          |          |
| <b>Eyes:</b> Inspection of eyelid, lashes, bulbar, conjunctives, sclera, cornea, iris, anterior chamber, Perla and EOMI  |        |          |          |
| <b>Nose:</b> Inspection of nares, septum, nasal cavity, inferior turbinate   |        |          |          |
| <b>Oral Cavity / Oropharynx:</b> Inspection of lips, buccal mucosa, tongue, palate, tonsils, posterior pharyngeal wall, teeth  |        |          |          |
| <b>Neck:</b> Inspection of symmetry, cervical lymph nodes, thyroid gland   |        |          |          |
| <b>Chest / Heart :</b> Auscultation of heart sounds, carotid pulse   |        |          |          |
| <b>Chest / Lungs:</b> Shape of chest, symmetry, respiratory effort, trachea position, auscultation of breath sounds  |        |          |          |
| <b>Abdomen:</b> Percussion of abdomen, palpation of 4 quadrants, observation of patient distress, distention, scars, masses, organomegaly, auscultation of bowel sounds. |        |          |          |
| <b>Genitourinary:</b> Testicular exam, hernia, breast exam   |        |          |          |





## PAST MEDICAL HISTORY

Name of Student: \_\_\_\_\_ Admission Date: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Age at Admission: \_\_\_\_\_ Cottage: \_\_\_\_\_

**Has your child had any of the following conditions?**

|                            |    |     |                                 |    |     |
|----------------------------|----|-----|---------------------------------|----|-----|
| Anemia                     | No | Yes | Heart Disorder                  | No | Yes |
| Arthritis                  | No | Yes | Hepatitis                       | No | Yes |
| Asthma                     | No | Yes | Hernia                          | No | Yes |
| Back Problems              | No | Yes | Headaches                       | No | Yes |
| Bladder Problems           | No | Yes | Hypertension                    | No | Yes |
| Bone/Joint Problems        | No | Yes | Influenza                       | No | Yes |
| Bowel Problems             | No | Yes | Kidney Problems                 | No | Yes |
| Bronchitis                 | No | Yes | Meningitis, Encephalitis        | No | Yes |
| Chicken Pox<br>(Varicella) | No | Yes | Mononucleosis                   | No | Yes |
| Enuresis (Bed wetting)     | No | Yes | Muscle Weakness                 | No | Yes |
| Epilepsy (Seizures)        | No | Yes | Rheumatic Fever                 | No | Yes |
| Fainting Spells            | No | Yes | Scoliosis                       | No | Yes |
| Frequent Colds             | No | Yes | Shortness of Breath             | No | Yes |
| Frequent Ear<br>Infections | No | Yes | Sexually Transmitted<br>Disease | No | Yes |
| Frequent Sore Throat       | No | Yes | Sleep Issues                    | No | Yes |
| Hearing Difficulties       | No | Yes | Vision Problems                 | No | Yes |

Explain all "Yes" answers. Include dates and current treatment.

Other Health History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAST MEDICAL HISTORY (CONT.)**

Inpatient Hospitalizations:

Date: \_\_\_/\_\_\_/\_\_\_ Reason: \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_ Reason: \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_ Reason: \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_ Reason: \_\_\_\_\_

Please list allergies and reactions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list dietary restrictions and reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RELEASE OF CUMULATIVE FILE

I, the Parent/Legal Guardian (circle one) of \_\_\_\_\_ DOB \_\_\_\_\_,  
 Social Security # \_\_\_\_\_ hereby grant my permission for the release of public or private  
 school cumulative file contents to Montcalm School. I agree that either the original file or photocopies thereof may be  
 sent to Montcalm School for use in academic placement.

Last two public or private schools attended:

|               |               |
|---------------|---------------|
| School _____  | School _____  |
| Address _____ | Address _____ |
| _____         | _____         |
| _____         | _____         |
| _____         | _____         |

Dates Attended: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Grade Level while attending: \_\_\_\_\_ Grade Level while attending: \_\_\_\_\_

Please send the cumulative and/or special education information (METS, IEP, and all reports) to:

Dean of Students  
 Montcalm School  
 13725 Starr Commonwealth Road  
 Albion, MI 49224  
 Phone: 800.837-5591 ext. 2544  
 Fax: 517.630.2352

Please notify Montcalm School if the original and/or special education records are housed in a different location.

\_\_\_\_\_  
 Parents or Legal Guardian Signature

## CLOTHING & PERSONAL ITEMS

This is a list of suggested clothing and personal items to assist with packing for enrollment at the Montcalm School.

### School Items

- Book bag
- Gym bag: small bag to carry gym clothes and hygiene items to and from school/activities and also for off-campus activities.

### Personal Hygiene

Toothbrush, toothpaste, makeup, lotions, shampoo, conditioner, body wash, special hair products, and a supply of tampons/sanitary napkins. Brushes, combs, curling iron, blow dryer, and/or curling rods as needed. Students will receive a weekly allowance for personal hygiene items after enrollment.

### Shoes

- One pair of dress shoes for dress up day or for occasions off campus.
- Two pairs of gym shoes: one to be worn when using indoor gym and weight room and one for outdoor gym activities and other outdoor activities offered at Montcalm School.
- School/casual shoes: one pair, you can also utilize the outdoor tennis shoes for this as well as long as they are in good condition.
- Work shoes: this should be an old pair of shoes or work boots that can be worn for the various projects that we do both on-campus and in the community; such as, mowing, yard work, helping the local community with park clean up, etc.
- Sandals or boots depending on the season.
- Shower shoes: for the pool and when taking showers.
- Slippers for use when in the cottage.

### Tops

- Eight school shirts and/or blouses (keep the weather/season in mind and make sure that the tops cover the midriff area and are not too tight or too revealing).
- Eight tee shirts and/or comfortable shirts to wear for the various recreational activities offered and when relaxing at the cottage. These shirts should not be decorated with inappropriate language or pictures and should not be too tight and/or revealing.
- Sweaters, sweatshirts, vests, jackets, etc. would be appropriate for cooler weather.

### Pants

- Eight pair of school pants (khakis, cords, twill, jean, capri's etc.) NO low-rise, stained, extremely tight fitting or torn pants.
- Five pair of casual pants for various recreation activities and work projects; such as sweatpants, etc.

### Shorts

- Five pair of shorts for recreational/athletic activities: no low-rise and must have at least a five (5) inch inseam. If sweatpants are preferred for these types of activities then shorts would not be necessary.
- For hot weather and/or during spring/summer months, at least four pair of shorts. (Do not need if present only during fall and winter.) Shorts should be in good condition, no low rise or extremely short.

### Formal Wear

Please provide one outfit, including shoes, specifically to be worn for semi-formal events. This outfit must be of modest design; dress slacks, shirt/blouse and shoes. A sweater, vest and/or blazer/jacket would also be appropriate for cooler weather.

## CLOTHING & PERSONAL ITEMS (CONT.)

### Coats/Outer Wear

- One rain poncho/jacket
- One winter coat for cold weather months; also, scarf, gloves, hat
- One lightweight jacket for cooler weather

### Night Wear

- Three pairs of pajamas (tops and bottoms) appropriate for the weather
- One robe with zipper or belt

### Under Garments

- Seven bras
- Fourteen pairs of underwear
- Two pair of dress socks to match outfit for semi-formal events
- Ten pairs of socks to match school and casual clothes

### Swimming Suit

- One 1-piece swim suit or 2-piece tankini; not too revealing, must cover body

### Miscellaneous

- Belt(s)
- Make-up
- Books for personal reading
- Other items can be discussed with staff for appropriateness