



Enrollment Checklist

- Application** - Complete with initials, signatures, N/A marks etc.
- Passport or Certified Copy of Birth Certificate** – You may bring with you the day of enrollment, or send in the mail ahead of time.
- Academic Transcripts** – Please request from your child’s prior school faxed copy of the transcript to be sent to us at: 406-847-5014. The official sealed transcript should be sent in the mail.
- Medical / Dental Insurance Cards** – Photocopied (front / back)
- Medications** – If your child receives medications, please bring a 30-90 day supply on enrollment day or a signed Refill Prescription so that we may submit it to our local pharmacy.
- Physical Exam Report** – You may wish to request this from your wilderness program or from your family doctor. They may fax it to: 406-847-5014.
- Immunizations Record**
- Wilderness Letters of Correspondence** – To / from you and your child
- Tuition Payment Preference** – Would you like your monthly bill sent via regular USPS mail? In an email as an attachment? Setup auto draft from your checking account? Or setup wire payments?

If Divorced

- Both parent signatures and initials needed throughout the application
- Both parent Insurance Cards photocopied (front/back) with instructions on which card to use for which purpose (ie: Pharmacy, Medical, Dental, etc)
- Court Documentation of Custody
- If tuition payments are to be split between parties, please provide your written preference on the Enrollment Agreement along with both signatures.



Application for Admission

(please attach a current photo of the applicant)

Applicant Name: Last Middle First				Current Grade	Age	Sex	<i>Social Security Number</i>
Height	Weight	Eye Color	Hair Color	Birth Date	Birth Place		
Date of Admission	Religious Affiliation			Race	Identifying Marks		
Current Address:							
With whom child lived:							
Referred to Monarch School by: Name				Telephone Number			

Parents/Guardians (Please note if deceased)

Father				Mother			
Name: Last Middle First				Name: Last Middle First			
Home Address: Street				Home Address: Street			
City		State		City		State	
Zip Code				Zip Code			
Social Security Number		Level of Education		Social Security Number		Level of Education	
Home Telephone		Cell Phone Number		Home Telephone		Cell Phone Number	
Occupation		Employer		Occupation		Employer	
Business Address: Street				Business Address: Street			
City		State		City		State	
Zip Code				Zip Code			
Business Telephone Number		Email Address		Business Telephone Number		Email Address	
Fax Number		Pager Number		Fax Number		Pager Number	
Religious Affiliation				Religious Affiliation			

Stepfather				Stepmother			
Name: Last Middle First				Name: Last Middle First			
Home Address: Street				Home Address: Street			
City		State		City		State	
Zip Code				Zip Code			
Social Security Number		Level of Education		Social Security Number		Level of Education	

Application for Admission (continued)

Stepfather (continued)

Stepmother (continued)

Home Telephone	Cell Phone Number	Home Telephone	Cell Phone Number
Occupation	Employer	Occupation	Employer
Business Address: Street		Business Address: Street	
City	State	City	State
Zip Code		Zip Code	
Business Telephone Number	Email Address	Business Telephone Number	Email Address
Fax Number	Pager Number	Fax Number	Pager Number
Religious Affiliation		Religious Affiliation	

Guardian (if applicable)

Custody (if applicable)

Name: Last Middle First			
Home Address: Street			
City	State	Zip Code	
Social Security Number	Level of Education		
Home Telephone	Cell Phone Number		
Occupation	Employer		
Business Address: Street			
City	State	Zip Code	
Business Telephone Number	Email Address		
Fax Number	Pager Number		
Religious Affiliation			

(IMPORTANT: please attach court documentation of custody)

Legal: Father Mother Other

Physical: Father Mother Other

Visitation Considerations if custody is shared

Financial Sponsor

Was the applicant adopted? _____

At what age? _____

Emergency Notification (other than parents or guardian)			
Name	Relationship	Day Telephone	Evening Telephone

Outside Placements - Please list all placements (in chronological order) which the applicant has had outside of the natural home. Include boarding schools, foster homes, hospitals, detention facilities, etc.

Facility and location	Period of placement (beginning/ending dates)	Reason for placement	Reason for leaving

Most Recent Therapist

Name, address & phone	Nature of services	Duration of treatment	Agewhen seen
Primary diagnosis: _____ _____			

Last School Attended

Last schools attended Name, address & phone	Dates attended	Highest Grade Completed	Phone	Fax

Probation Status

Is the applicant currently on probation? Yes No

Please provide the name, position, address and telephone number of the probation officer and description of the offense.

Personal History - Please indicate if the applicant has experienced any of the following and describe on following Personal History page.

Period(s) of life during which incidents occurred:

	Age 0-6	Age 7-11	Age 12-14	Age 15-18
ADD/ ADHD				
Arrests				
Behavior Problems				
Counseling				
Depression				
Drug, alcohol, and/or inhalant use				
Eating disorders				
Emotional problems				
Fire setting				
Incarceration				
Juvenile probation				
Learning difficulties				
Physical abuse				
Physical handicaps				
Placements out of home				
Promiscuity				
Running away				
Serious medical problems				
Sexual abuse				
Significant emotional events (deaths, divorce, illnesses in the family, family crises)				
Suicidal gestures or threats				
Self harm				
Violent behavior				



Consents, Releases and Agreements

Name of student _____

RELEASE OF MEDICAL INFORMATION

Initials ____/____

I/We hereby authorize the release of any medical information regarding the above named student to Monarch School (hereinafter "the school") and authorize the school to release information regarding his/her prior medical history to medical providers as deemed necessary to facilitate the student's medical care.

CONSENT TO MEDICAL AND DENTAL EXAMINATION AND TREATMENT

Initials ____/____

I/We hereby authorize and consent to any physical examination, X-ray, anesthetic, inoculation, vaccination, medical or surgical diagnosis or treatment and hospital care for the above named student under general or special supervision and upon the advice of a physician licensed to practice medicine in such state where services are rendered. I/We hereby consent to X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said student by a dentist licensed to practice dentistry in such state where the services are rendered. Students requiring medications must be pre-approved by the school.

MEDICAL EVACUATION

Initials ____/____

In the event of a medical emergency while engaged in adventure and/or outdoor experiences, government authorities may be contacted, and the school will abide by their decision regarding any emergency medical evacuation. It is understood that various government entities react in varying ways, and that the school must abide by their directions in accordance with the rules and regulations that govern the school on public lands. I/We will bear the costs and consequences of any decision by one of these entities.

RELEASE OF MEDICAL INSURANCE INFORMATION

Initials ____/____

I/We hereby authorize the release of any medical insurance information necessary to process any insurance claims regarding the above-named student, to the school and medical providers. I/We also request payment of benefits to the party who provides services.

CONSENT FOR COMMUNICABLE DISEASE TESTING AND AUTHORIZATION FOR DISCLOSURE OF RESULTS

Initials ____/____

I/We give consent for blood to be tested for above-named student for medical diagnoses, treatment and release of information. This consent includes, but is not limited to: blood testing for HIV antibodies; testing with the western blot; hepatitis and sexually transmitted diseases. I/We hereby have been informed that the accuracy and reliability of the HIV test is still uncertain and the test results may, in some cases, indicate that a person has antibodies to the virus when the person has antibodies (false negative). I/We also have been informed that a positive blood test result does not mean that the person being tested has AIDS and that in order to diagnose AIDS other means must be used in conjunction with the blood test. Unless I/We give further consent, the results of this test will be given only to the following individuals and myself/ourselves: President, Program Director and School Nurse. I/We understand that this consent and authorization to release medical information will remain in effect for 30 months after the date below and may be revoked by the undersigned at any time within that period. I/We have had a chance to ask questions which were answered to my/our satisfaction.

PARENT CONSENT TO PSYCHOLOGICAL SERVICES

Initial ____/____

I/We hereby authorize the school to refer above-named student to the school’s clinical services contractor in the event he/she is in need of psychological services. I/We assume all financial responsibility for such services.

PARENT CONSENT TO TEST

Initial ____/____

I/We hereby give consent, and assume financial responsibility for the school to administer tests to the above-named student that are pertinent and appropriate. The test may include psychological and/or academic test.

URGENT TRANSFER AGREEMENT

Initial ____/____

In the event that a temporary transfer of the above-named student is deemed necessary by the school, I/We hereby agree to authorize the transfer and assume financial responsibility for the period not to exceed three (3) days to the appropriate agency.

URGENT SERVICES RUNAWAY AGREEMENT

Initial ____/____

In the event that the above-named student has run away from a Monarch School program, I/we hereby authorize and accept financial responsibility for runaway services to be rendered for a period of time not to exceed five hours at \$100 per hour. My/our further authorization is necessary for any services rendered in this regard beyond that time.

AUTHORIZATION FOR RESTRAINT

Initial ____/____

I/We hereby give consent and authorize the school personnel to utilize reasonable physical force to restrain, control and detain the above-named student for and including, but not limited to, the following purposes; to protect the student, protect property, protect Monarch School personnel or others from physical injury or threat of injury from the student.

AUTHORIZATION FOR SEARCH

Initial ____/____

I/We hereby give consent and authorize the school to search the student and the student’s personal effects. The school is hereby authorized to confiscate any and all items deemed by the school to be contraband.

GOVERNMENT SERVICES FOR RUNAWAYS

Initial ____/____

In the event the student runs away, government authorities shall be contacted and the school will abide by their decision as to any search and rescue efforts, apprehension and detention of the student. It is understood that various government entities react in varying ways, and that the school must abide by their directions. I/We will bear the costs and consequences of any decision by one of these entities.

PROGRAM AND ACTIVITY CONSENT AND RELEASE

Initial ____/____

Monarch School programs include academics, general athletic activities, vocational training, farm programs, and may include, but is not limited to the following activities, which can be held both on and off the campus, as well as outside of the U.S.: downhill skiing, cross country skiing, camping, rock climbing, kayaking, rafting, horseback riding, bicycling, swimming, hiking, snow shoeing, and culinary, forestry and carpentry (which include use of tools). I/We hereby consent to the above named student’s participation in all activities and programs conducted by Monarch School and its entities. I/We hereby voluntarily release and discharge Monarch School and its officers, directors, shareholders, employees and agents of any and all claims demands, actions, suits or proceedings which the student or any parent, relative, or next of kin of the student may have for any or all injuries, damages and expenses, including but not limited to death and to all personal injuries and illnesses and all damages to personal and real property caused by arising out of, or otherwise related to the student’s participation in any activity or program conducted by or on behalf of Monarch School or any of its entities, including but not limited to the activities and program set forth in this consent and release.

MARKETING/PUBLIC RELATIONS RELEASE

Initial ____/____

Monarch School (hereinafter “the school”) may from time to time find it useful in its efforts to promote its programs or to disseminate information about the school to the public, to reproduce the likenesses of and provide general information about students who are attending or who have attended its programs. I/We hereby authorize and release the use of the likeness of and information about the above-named student for such purposes. Such material may be in printed, photographic, electronic, or digital form. It is understood that the student will not be identified by full name or full address in such information without the additional consent of the undersigned.

RELEASE OF PERSONAL INFORMATION TO OUTDOOR EXPERINCE

Initials ____/____

(a retail store located in Sandpoint, ID)

I/We hereby authorize the release of my/our name, personal contact information and the above named student to Outdoor Experience for the sole purpose to purchase, ship and be contacted by Outdoor Experience in regards to clothing and outdoor gear.

RELEASE OF PERSONAL INFORMATION TO MONARCH PARENT FOUNDATION

Initials ____/____

I/We hereby authorize the release of my/our name, personal contact information and the above named student to the Monarch Parent Foundation. I/We herby authorize the Monarch Parent Foundation to contact us.

I/WE HAVE READ AND UNDERSTAND ALL CONSENTS, RELEASES AND AGREEMENTS SET FORTH IN THIS DOCUMENT, AND BY SIGNING, I/WE EXECUTE THEM VOLUNTARILY.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date



ACADEMIC RELEASE FORM

I/We hereby grant permission to release middle, junior and senior high school transcripts to Monarch School for _____.
(student's name)

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date

WAIVER AND RELEASE OF LIABILITY
For all equine activities at Monarch School

In consideration of Monarch School permitting me to enter upon premises and accepting my request to participate, either as a student, boarder, attendant, spectator, riding member, or in any other capacity, in horseback riding, training, grooming, riding as a passenger upon a horse and/or other events on the property of Monarch School, the receipt of such permission being hereby acknowledged, I, for myself, my heirs, personal representatives, and assigns, hereby waive my right to bring a court action against, and release and discharge, Monarch School, their representatives, agents, officers, employees and contractors from any and all liability, claims, demands, damages, actions and cause of action whatsoever, in any manner arising out of or related to any loss, damage, or injury including death arising out of riding, training, driving or riding as a passenger upon a horse on the premises of Monarch School or arising from my participation in any activities on the premises of Monarch School from my being on the premises of Monarch School or using the property of Monarch School.

I am duly aware that any third party I bring onto the premises is responsible for their own actions, and should use caution when visiting the equestrian center as any reasonable person would.

I am duly aware of the risks and hazards inherent upon entering the premises of the equestrian center at Monarch School, and in participating, either as a student, boarder, attendant, spectator, riding member or in any other capacity, in horseback riding, training, and/or events and hereby elect voluntarily to enter upon the premises knowing the present condition thereof and knowing that said condition may become more hazardous and dangerous during the injury, including death, that may be sustained by me or damage to any property of mine while on the premises.

This waiver and release of liability shall be binding upon my heirs, personal representative and assigns.

In signing this release, I hereby acknowledge and represent:

- 1) That I have full knowledge of the risks involved in the events contemplated.
- 2) That I am physically fit and sufficiently trained to participate in the events contemplated.
- 3) That I agree to abide by such rules and regulations as may be promulgated from time to time by Monarch School with respect to acceptable conduct upon their premises.
- 4) That I am over the age of eighteen (18) years and of sound mind.
- 5) That I authorize necessary emergency treatment, if required, in the sole and absolute discretion of Monarch School.

I, having read this release and understanding all of its terms, hereby execute it voluntarily and with the full knowledge of its significance.

Dated this _____ day of _____, 2009.

(Please print)

Student's Name Phone

Address City State Zip

Student Signature Date

Parent/Guardian Signature Parent/Guardian Signature

Date Date



FAMILY THERAPY SERVICES DESCRIPTION

Welcome! This document contains important information about professional counseling services and business policies at Monarch School. Certain psychological services are required for all Monarch students, and represent costs additional to the Monarch School's tuition and fees.

Please read this document carefully so you are fully informed about what costs you can expect initially and then each month for psychological services provided to your child and family. When you sign this document, it will represent an agreement between us. We very much look forward to our association with you!

PSYCHOLOGICAL SERVICES

Psychological services are not easily described in general statements. Services vary depending on the personalities of the psychologist and client, and the particular concerns you and your family bring forward. There are many different methods we may use to deal with the concerns that you and your family hope to address. Psychological services are not like a medical doctor visit. Instead, effort on the part of those involved is essential.

In order for the services to be most successful, those involved need to work on things we talk about both during our times together, times on the telephone in consultation, and especially at home.

Psychological services have benefits and risks. Since these services often involve discussing unpleasant aspect of one's life, those involved may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, these services have been shown to have benefits for people who utilize them. Psychological services often lead to better relationships, solutions to specific problems, and significant reduction in feelings of distress.

BILLING AND PAYMENT

You, the parent, will be expected to pay for the services rendered upon receipt of a statement from our office. As a service to you, we will, whenever possible, supply you with a Diagnosis and CPT Codes for your information so that you may, if appropriate, request reimbursement from your insurance company.

CONTACTING US

You may call our office on campus at (406) 847-8000. For billing questions, call the business office at (208) 772-4972. If your call is not an emergency, leave a message please. We will make every effort to return your call quickly. For emergencies, call the Monarch School staff office at 406-847-5095, extension 322.

PROFESSIONAL RECORDS

The laws and standards of our profession require that we keep treatment records. You are entitled to receive a copy of your records, or we can prepare a summary for you. We recommend that you review them with one of us, or with another professional who may be able to interpret them appropriately.

CONFIDENTIALITY

In general, the privacy of all communication between a client and a psychologist/professional counselor is protected by law, and we can only release information about our work to others with your written permission. But there are a few exceptions.

We enjoy a very close working relationship with Monarch School, and need your permission to fully discuss you and your family's progress and needs with Monarch staff. We will provide Monarch School with full access to our notes and reports, and plan to discuss your family's progress and needs with the school's staff regularly. If our sharing information with Monarch School is unacceptable to you, please notify our office immediately.

We obviously have office staff who are responsible for transcription, filing, billing, etc. Staff exposure to confidential material is kept at the minimum required for them to do their job.

In most legal proceedings, you have the right to prevent us from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order one of our testimonies if he/she determines that the issues demand it.

There are some situations in which we are legally obligated to take action to protect others from harm, even if we have to reveal some information about a client's treatment. For example, if we believe that a child (elderly person, or disabled person) is being abused, we must file a report with the appropriate state agency.

If we believe that a client is threatening serious bodily harm to another, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, we are obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in our practice. If a similar situation occurs, we will make every effort to fully discuss it with you before taking any action.

We may occasionally find it helpful to consult other professionals about a case. During a consultation, we make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, we will not tell you about these consultations unless we feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have. We will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and we are not attorneys.

Description of Required Services

When your student enrolls in Monarch School, a professional therapist is given responsibility for supporting your student and family. The professional will work with you and your student to write the **Family Services Summary** soon after your student arrives at the school.

Initial service costs between \$875 and \$1,250. Initials _____ / _____

The purpose of this report is to bring together information from previous academic and psychological reports, interviews with the student, parents and wilderness therapist (if applicable) and synthesize all of it into a clear picture and description of student and family needs.

We believe it is important for the family to be involved in the student's development and progress. Monarch School requires a minimum of two hours of family services per month. These services are billed at \$125/hr, totalling \$250/month. Additional services are available at the family's request.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date



**CONSENT FOR RELEASE
OF CONFIDENTIAL STUDENT INFORMATION**

This consent authorizes the mutual release of information between _____ (wilderness program or school) and the Center for Excellence.

STUDENT: _____

DATE OF BIRTH: _____

Information to be disclosed:

	Family Plan for Success		Social History
	Monthly Updates		Psychological Testing
	Referral Admission	X	Discharge Summary
	Letter to Physicians		Progress Report
X	Consultations		

I UNDERSTAND THAT I MAY REVOKE THIS CONSENT AT ANY TIME EXCEPT TO THE EXTENT THAT ACTION HAS ALREADY BEEN TAKEN IN RELIANCE HEREON, AND IF NOT REVOKED SOONER IN WRITING, THIS CONSENT WILL EXPIRE 365 DAYS FORM THE DAY SIGNED.

TO THE RECEIVING PARTY OF THIS INFORMATION: THIS INFORMATION HAS BEEN DISCLOSED TO YOU FOR THE SOLE PURPOSE STATED IN THIS CONSENT. ANY OTHER USE OF THIS INFORMATION WITHOUT THE EXPRESSED WRITTEN CONSENT OF THE CLIENT/PATIENT IS PROHIBITED (42-CFR PART 2)

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date



CENTER FOR EXCELLENCE - Consent for Release of Confidential Client/Patient Information

This consent authorizes the mutual exchange of information between:

Personnel and Therapists for
The Center for Excellence, P.C.
10615 N. Government Way, Ste. #201
Hayden Lake, ID 83835

AND

Educational Consultant:

Ed. Consultant Phone:

RE: Student Name: _____

Presently enrolled at
Monarch School in Heron, MT.

Student's Home Address _____

Date of Birth: _____

For the purpose of continue treatment, the following information may be disclosed and or discussed:

- Family Plan for Success
- Monthly Written and/or verbal updates
- Psychological Testing
- Graduation Summary

_____ I wish to decline the exchange of information between The Center for Excellence, P.C. and my Ed. Consultant.

I understand that I may revoke this consent at any time except to the extent that action has already been take in reliance heron, and, if not sooner in writing, this consent will expire upon discontinuance of enrollment at Monarch School.

To the receiving party of this information – This information has been disclosed to you for the sole purpose stated in this consent. Any other use of this information without the expressed written consent of the client/[patient is prohibited (42-CFR Part 2)

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date



SNOWSPORTS SCHOOL RELEASE

I recognize that skiing and snowboarding are hazardous sports that can result in serious injury or death. I accept the risks inherent in skiing and snowboarding, and in the ski area/mountain environment. I agree to RELEASE, HOLD HARMLESS, AND INDEMNIFY SCHWEITZER MOUNTAIN LLC, SCHWEITZER MOUNTAIN FACILITIES LLC, SCHWEITZER MOUNTAIN SKI OPERATIONS LLC, SCHWEITZER MOUNTAIN REAL ESTATE LLC, ("SCHWEITZER"), AND ITS OWNERS, AFFILIATES, AGENTS AND EMPLOYEES from all claims for any cause, including negligence, which arises out of participation in skiing, snowboarding and all related activities; including, but not limited to, Schweitzer Snowsports School programs and travel to and from Schweitzer Mountain, or travel to and from Schweitzer Snowsports School. This Release is binding as to any other persons, including family members, heirs and executors.

If I am signing on behalf of a minor, I accept full responsibility for all medical expenses incurred as a result of the minor's participation in skiing, snowboarding and all related activities, including Schweitzer Snowsports School programs and/or travel to and from Schweitzer Mountain. I understand my child may ride the lift alone, with another child or with an adult other than his coach. I also agree to HOLD HARMLESS AND INDEMNIFY Schweitzer Snowsports School and Schweitzer for any claims brought by or on behalf of the minor.

In case of an emergency if I cannot be reached, Schweitzer has my permission to obtain any medical and/or First Aid treatment necessary for my child, and I agree to be financially responsible for any medical services deemed necessary.

This release is intended to be a comprehensive Release of Liability the fullest extent allowed by law.

I hereby grant Schweitzer Mountain Resort, their representatives or assigns (including any agency, client, partner or publication) irrevocable permission to publish photographs of me.

These images may be published in any manner, including websites, newsletters, advertising, periodicals and publications of any sort. Furthermore, I will hold harmless Schweitzer Mountain Resort, their representatives and assigns from any liability, by virtue of blurring, distortion or alteration that may occur in producing the finished product, unless it can be proven that such blurring, distortion or alteration was done with malicious intent to me.

____ Check here if you do not wish to agree to the photo release portion of this waiver. Please give a brief physical description:

STUDENTS:

SCHOOL NAME:

_____ DOB: _____ M / F

Monarch School

_____ DOB: _____ M / F

_____ DOB: _____ M / F

Name: _____

Address: _____

City _____ State: _____ Zip: _____

Student Signature

Date

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date

own individual ability. In using equipment and recreating at the area, such dangers are recognized and accepted whether they marked or unmarked. The user realizes that falls and collisions and other accidents do occur and that serious injury or death may result and, therefore, assumes the burden of being in control at all times.

• I UNDERSTAND THAT THE SKI-BOOT-BINDING SYSTEM WHICH I HAVE RENTED WILL NOT RELEASE OR RETAIN AT ALL TIMES OR UNDER ALL CIRCUMSTANCES, NOR IS IT POSSIBLE TO PREDICT EVERY SITUATION IN WHICH IT WILL RELEASE OR RETAIN. I UNDERSTAND IN THE CASE OF SNOWBOARD, SNOWSHOE, AND TELEMAR SKIING EQUIPMENT, THE BINDINGS WILL NOT RELEASE. IN THE CASE OF A HELMET RENTAL, I UNDERSTAND THAT NO HELMET CAN PROTECT THE WEARER AGAINST ALL FORESEEABLE IMPACTS AND INJURIES TO THE HEAD AND WILL NOT PROTECT AGAINST NECK, CERVICAL, SPINE OR ANY OTHER BODILY INJURIES. I understand and agree that the binding systems, helmets and accessories are therefore no guarantee for my safety.

• I agree to RELEASE, HOLD HARMLESS, AND INDEMNIFY SCHWEITZER MOUNTAIN LLC, SCHWEITZER MOUNTAIN FACILITIES LLC, SCHWEITZER MOUNTAIN SKI OPERATIONS LLC, SCHWEITZER MOUNTAIN REAL ESTATE LLC, ("SCHWEITZER"), AND ITS OWNERS, AFFILIATES, AGENTS AND EMPLOYEES, THE EQUIPMENT MANUFACTURERS, DISTRIBUTORS, AND THEIR OWNERS, AGENTS, AND EMPLOYEES FROM ANY AND ALL LIABILITY FOR DAMAGE, DEATH, AND INJURY TO MYSELF OR TO MY PERSON OR PROPERTY RESULTING FROM NEGLIGENCE, THE SELECTION, ADJUSTMENT, AND USE OF THIS EQUIPMENT AND FACILITIES, ACCEPTING MYSELF THE FULL RESPONSIBILITY FOR ANY AND ALL SUCH DAMAGE, INJURY OR DEATH OF ANY KIND WHICH MAY RESULT.

• I have made no misrepresentations to Schweitzer in regard to my height, weight, age, or skier type. I agree that if any portion of this agreement is held to be invalid, the remaining terms shall continue to be in full force and effect. This agreement shall be binding upon my heirs, next of kin, executors, administrators, assigns, and representatives.

• If I am signing on behalf of a minor, I accept full responsibility for all medical expenses incurred as a result of the minor's use of the rental ski/snowboard/snowshoe equipment, facilities, helmet and/or accessories listed on this form. I agree to RELEASE, HOLD HARMLESS, SCHWEITZER, and its AGENTS AND EMPLOYEES, THE EQUIPMENT MANUFACTURERS, DISTRIBUTORS, AND THEIR OWNERS, AGENTS, AND EMPLOYEES FOR ANY CLAIMS BROUGHT ON BY THE MINOR.

I, THE UNDERSIGNED, HAVE READ AND UNDERSTOOD THE TERMS OF THE ABOVE RENTAL AND RELEASE AGREEMENT.

Student Signature

Date

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date



TRANSPORTATION RELEASE FORM

STUDENT NAME _____

I/We hereby authorize Monarch School, at its sole discretion, to place the above named student on a public carrier (i.e. airplane, train, bus, etc.) for the purpose of transporting him/her to such location as communicated by the undersigned to Monarch School.

I/We hereby release and discharge Monarch School, its agents, employees, officers, directors and affiliated entities from all claims, demands, actions, judgments, and executions the undersigned may have against Monarch School for all personal injuries, known or unknown, and injuries to property, personal or real caused by or arising out of the removal and transportation of the student from Monarch School programs.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date

MEDICAL AND DENTAL INSURANCE INFORMATION

Proof of medical and dental insurance must be provided prior to applicant's enrollment.

Medical Insurance

Insurance Company _____	Date: _____		
Address _____	City _____	State _____	Zip _____
Telephone _____	Fax _____		
Policy Holder _____	Policy Holder's Social Security Number _____		
Policy No. _____	Group No. (if applicable) _____		
Employer (if group policy) _____			
Coverage (major medical, mental health, etc.) _____			
Signature of Policy Holder _____	Policy Holder's Date of Birth _____		

Dental Insurance

Insurance Company _____	Date: _____		
Address _____	City _____	State _____	Zip _____
Telephone _____	Fax _____		
Policy Holder _____	Policy Holder's Social Security Number _____		
Policy No. _____	Group No. (if applicable) _____		
Employer (if group policy) _____			
Coverage (major medical, mental health, etc.) _____			
Signature of Policy Holder _____	Policy Holder's Date of Birth _____		

***PLEASE PROVIDE A PHOTOCOPY OF THE FRONT AND BACK
OF YOUR MEDICAL AND DENTAL INSURANCE CARDS.***



FOOD ALLERGY FORM

It is important that we know of any special needs in regards to Food Allergies and/or special dietary requests such as “vegetarian only” or “lactose intolerant.” If your child has either a food allergy or a special dietary need, please indicate such items below, then request your child’s Primary Care Physician or another recognized medical authority to send a signed statement for your child’s Master File. This information will be kept on file for the duration of your child’s stay at Monarch School.

Student’s name: _____ Grade: _____

Peer Leader: _____

Please check one of the following.

The above named student has the following food allergies and/or special dietary needs:

The above named student has no known food allergies and/or special dietary needs.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date

Monarch School
Education for Life
Medication Instructions

STUDENT NAME _____ DATE _____

Medication: _____

Purpose: _____

Dosage: _____

Frequency: _____

Duration: _____

Refills if prescribed: _____

Medication: _____

Purpose: _____

Dosage: _____

Frequency: _____

Duration: _____

Refills if prescribed: _____

Medication: _____

Purpose: _____

Dosage: _____

Frequency: _____

Duration: _____

Refills if prescribed: _____

Drug Allergies Yes No. If yes, please list all known drug allergies here _____

(PLEASE PRINT)

Physician Name _____ Phone Number _____

Address _____ Physician Signature _____

****Please provide Monarch School with 30-90 days worth of each medication. If you don't have extra medication to send then please provide a refill prescription upon day of enrollment.***

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date



ADMINISTERING MEDICATIONS TO STUDENTS AUTHORIZATION FORM

If a student prior to or after enrollment to Monarch school is directed by a physician or dentist that a medication, either prescription or non-prescription, must be administered to the student during the school day, the health care provider must complete the following form – “M3 – Medical Instructions Form.” This form will provide information and dispensing instructions to the school, including side effects, if any. ***We request a minimum 30 days supply of medications to be delivered to Monarch School upon enrollment.*** This will provide adequate time to schedule a doctor appointment for medication refills.

Medication prescription refills may be submitted directly to our local pharmacy, please have you doctors office call “White Cross Pharmacy” at (208) 263-9080, or bring with you the signed refilled prescription on the day of enrollment. Please note your preference on the Medical Instructions Form. The school will not dispense any medication unless this form is completed and given to the school. A student will not be allowed to possess asthma medication; or other medication for immediate use on school grounds unless this form is completed. If a student is on a medication indefinitely, the ‘School Medication Authorization Form’ will expire upon graduation.

Storage of Medication:

1. Authorization forms for all medication must be included with the application prior to enrollment.
2. Prescription medication must be brought to the school in the original package or appropriately labeled container. The container shall display”
 - Student’s name
 - Prescription number
 - Medication name/dosage
 - Administration route and/or other direction
 - Date and refill
 - Licensed prescriber’s name
 - Pharmacy name, address, and phone number
 - Name or initials of pharmacist

Exceptions to the above may be approved by the school nurse.

3. Non-prescription medications must be brought to school in the manufacturer’s original container with the label indicating the ingredients and the student’s name affixed.
4. At the end of the treatment regime, any unused medication must be removed from the school.

DISPENSING OF MEDICATION

The school nurse will:

- _____ 1. Ensure that parent/guardian who brings medication for his or her child has complied with the parent's/guardian's responsibilities as described in this administrative procedure.
- _____ 2. In conjunction with the licensed prescriber and parent(s)/guardian(s), identify circumstances, if any, in which the student may self-administer the medication and/or carry the medication.
- _____ 3. Store the medication in a locked drawer or cabinet. However, if the medicine is prescribed for asthma, a student may keep possession of it for immediate use. Medications requiring refrigeration should be refrigerated in a secure area.
- _____ 4. Plan with the student the time(s) the student should come to the nurse's office to receive medications.
- _____ 5. Document each dose of the medication in the student's individual health record. Documentation shall include date, time, dosage, route, and the signature of the person administering the medication or supervising the student in self-administration.
- _____ 6. Assess effectiveness and side effects as required by the licensed prescriber. Provide written feedback to the licensed prescriber and the parent(s)/guardian as requested by the licensed prescriber.
- _____ 7. Document whenever the medication is not administered as ordered, as well as the reason.
- _____ 8. If the parent(s)/guardian(s) do not pick up the medication by the end of the school year, discard the medication in the presence of a witness.
- _____ 9. Make arrangement, in conjunction with the parent(s)/guardian(s), supervising teachers, and /or bus drivers for the student to receive needed medication while on a field trip. Unless these arrangements can be made, the student must forego the field trip.

During off campus trips, it may be necessary for the administration of medications to be performed by an individual other than a school nurse. You must supply any other non-prescription or prescription drugs. Please bring them in the original container or labeled prescription bottle. The parent and physician must sign a new form yearly for any prescription medication, including inhalers, EpiPens, and insulin. ***Please indicate on the following for entitled "Medical Instructions – M3" each of the medications prescribed, and their correlating instructions.***

SPECIAL CONDITIONS

Asthma: Students may carry inhalers or may keep one in the nurse's office. The student's name must be on inhaler. A nebulizer is available to use with physician's orders. Students must supply tubing, mouth-piece, mask, and medication.

____ / ____ I give my child permission to carry an inhaler.

EpiPens: Students with severe allergies who may require an EpiPen may carry one or leave one in the nurse's office. The student's name must be on EpiPen.

____ / ____ I give my child permission to carry an EpiPen.

Diabetes: Students may keep a supply of insulin, syringes, juices, crackers, etc, in the nurse's office. All blood sugars must be done in the office.

NOTE: Students may carry other medication for immediate use if authorized by the parent(s)/guardian(s) and physician and approved by the school nurse.

SIGNATURE PAGE

By signing below, I agree:

1. That I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Monarch School and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child (or to all my child to self-administer, while under the supervision of the employees and agents of Monarch School, lawfully prescribed medication in the manner described above, I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices, and

2. If noted below, I authorize Monarch school and its employees and agents to allow my child to possess and use his or her asthma medication or EpiPen for a severe allergic reactions (1) while in school, (2) while at a school sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after school on school-operated property, and

3. To indemnify and hold harmless Monarch School and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by the pupil.

Both parents and/or guardians, if available, should sign.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date

Physician Signature and Stamp

Monarch School
Physical Examination (TO BE COMPLETED BY PHYSICIAN)

Name _____ Date of Exam _____

Birthdate _____ Age _____ Height _____ Weight _____

BP _____ / _____ Pulse _____

EXAM

Integument _____ Head _____

Eyes: Glasses? _____ Vision - R _____ L _____ Funduscopy _____

Ears: _____ Allergies: _____

Nose: _____

Throat: _____

Neck: _____ Allergies to Medications: _____

Lymph: _____

Chest: _____

Heart: _____

Abdomen: _____

Genitalia: _____

Neurological: _____ Musculoskeletal:Scoliosis: _____

Significant findings/recommendations: _____

Are there any physical impairments which would limit this student's ability to participate in vigorous physical activities? _____

Please list all current medical problems that are now under treatment. Include all medications being taken and the dosage. _____

Required laboratory tests and immunizations. Please attach results.

- Urinalysis Glucose Pregnancy Test
 CBC w/differential BDRL Venereal diseases (if indicated)

Tuberculosis skin test (PPD) or chest x-ray
Date _____ Results _____ If positive, has child received prophylactic treatment? _____

Tetanus (within past 10 years) - date _____

Physician Name _____ Phone Number _____

Address _____ Physician Signature _____

If your child has participated in a wilderness program in the last 90 days, please request a copy of your child's physical be faxed to Monarch School. Fax number: (406) 847-5014, Attn: Admissions

I give Monarch School authorization to request my child's physical examination.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date

Monarch School
Education for Life
Immunization Record

	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
DIPHTHERIA					
POLIO					
MMR (Measles, Mumps, Rubella)					
DT BOOSTERS (Tetanus)					
TUBERCULOSIS					
HEPATITIS B					

 Parent/Guardian Signature

 Parent/Guardian Signature

 Date

 Date

 Signature of Physician