MILESTONES DAY SCHOOL
CONSENT FORMS
2011-2012

ALL FAMILIES ARE REQUIRED TO FILL OUT MDS' ANNUAL CONSENT FORMS.

PLEASE FILL THESE FORMS OUT AND SEND BACK ASAP

WE WELCOME YOUR CHILD TO RETURN TO SCHOOL IN SEPT ONCE THESE FORMS ARE COMPLETED AND RETURNED

460 Totten Pond Road, Suite 300, Waltham, MA 02451
Voice: 781.895.3200 | Facsimile: 781.895.3226

CONSENT FORMS 2011-2012

CHILD'S NAME: _____

Please initial each of the consents below stating that you understand and agree to our policies.

SWIMMING _____ (initial here)

Students swim occasionally on field trips. By signing this form I consent to have my child participate in swimming or water related activities. All students are monitored very carefully regardless of their ability. No student will be forced into the water. If children are afraid of swimming or opt not to swim, they will be asked to change into their bathing suits and sit by the water. Students are permitted to bring small non-electronic games to the pool. The pool's rule is that no one is permitted to bring goggles or any non-medically necessary flotation devises into the pool.

My child can swim: ❒ Independently ❒Not over is/her head ❒Is afraid of the water ❒My child will not swim

TRIPS / TRANSPORTATION _____ *(initial here)*

I give my permission for Milestones, Inc. or a subcontracted transportation company to transport my child to and from activities/trips. I understand that if Milestones, Inc. is using our own vehicles, the only people permitted to drive are staff who have had a driver's license screen. On busses, children are not permitted to use car seats/booster seats. I understand that field trips are a privilege, not a right, and that field trip privileges may be revoked at any time. I also understand that students who exhibit unsafe behavior 48 hours prior to a field trip may not be permitted to attend that particular field trip.

VALUABLES_____ (initial here)

Milestones is not responsibility for your child's personal property. Please do not permit your child to bring in valuable or personally significant items. By initialing above, I understand this policy and will not hold Milestones, it's subsidiaries, or its employees liable for any lost property.

MOVIES AND VIDEO GAMES _____ (initial here)

As a recreation activity, occasionally, Milestones, Inc. will bring students to the movies or watch a movie at our facility. Any child age 10 and under is automatically taken to a "G" rated movie only. For children 11 and older, please indicate your preference for movie rating:

_____ ***G only*** _____ ***G & PG only*** _____ ***G, PG, and PG 13***

PHOTOGRAPH AND VIDEO RELEASE _____ (initial here)

I understand that Milestones takes daily photographs and occasional videos of our students for therapeutic and recreational purposes. As a method of communication with families, we upload these photos/videos on your child's website, which is password protected. This is a good opportunity to view what is happening with your child each day. Occasionally, we may use a video or photograph of your child to explain to another prospective family or clinician what our programs are about or may hang photos in our office. You may withdraw consent at any time by sending a certified letter in writing to our main office. If you withdraw consent, once we receive your certified letter, we will send a certified letter back to you saying we have received your request. If you do not receive this letter, you can assume we never received your withdrawal request. As a method of communication, we also have a password protected website where we post photographs of our children.

WEBSITE/MEDIA RELEASE _____ (If you authorize this consent, please initial here)

The students at school often work on several projects that we post on the website. We also take photographs of children and make video recordings for therapeutic purposes. Often students want their photos or videos posted on the Milestones', Inc. general website (vs. the student's individual website which is password protected). Additionally, we post photos and videos

that we take as well. If you want your child to participate in this project, please read below and sign this consent section. I hereby authorize Milestones, Inc. to use my child's photo to videotape for the purpose of advertisement. I understand that my child's specific diagnosis and other identifying information (such as last name, town, diagnosis, etc.) will never be listed. Because we are using video, there is a likelihood that my child's first name might be used. I release Milestones, Inc. and those acting pursuant to its authority from liability for any violation of any personal or proprietary right it may have in connection with use. I will make no monetary or other claim against Milestones, Inc. for the use of these photographs or video recordings. I understand that all such recordings, in whatever medium, shall remain the property of Milestones, Inc. I have read, fully understand, and agree to the terms of this release.

PARTICIPATION/LIABILITY _____ (initial here)

I/We do hereby give permission to my/our child to participate in all activities from Milestones, inc., to use the facilities of Milestones in connection with these activities, and where applicable, take part in off-campus trips or swimming using Milestones or contracted transportation company. I hereby, for myself, family, and for my child, release Milestones and all of its officers, agents, and employees, from all claims, liability, loss, damage, and expense which may in any way arise from my child's participation in Milestones' programs including without limitation, all claims which my child, his/her parents or guardians may have for personal injuries to other persons which are caused by my child, or to my child of any kind or nature which may be caused by any act or omission of Milestones or any of it's officers, agents, or employees.

SUN SCREEN _____ (initial here) INSECT REPELLENT:_____ (initial here)

Students regularly play games outside and may be in the sun on and off throughout the day. It is very important that children wear sunscreen so they will be protected. When applicable, please apply sunscreen to your child before school and also send in a labeled bottle with his/her name. The staff will help your child reapply sunscreen throughout the day. By initialing above, we will apply sunscreen / insect repellent to your child. By not consenting, we will not put sunscreen on your child and your child is at risk of getting a sunburn or insect bite.

YEARLY SCHOOL TESTING:_____ (initial here)

Each year our school conducts testing for hearing, posture screening, vision, BMI, physical fitness, and yearly academic assessments (including, but not limited to, Standford Achievement Test, Key Math, Reading Assessments, etc). This is a screening tool to help alert your family and our staff to any potential issues that your child might have. Once we complete the screening, you will receive a letter home stating that your child has passed all three (posture, vision, and hearing) and a separate letter for academic assessments. If your child did not pass any of the screenings, the director or health professional that conducted the screening will give you a call. If you ever have any additional concerns, please take your child to his/her pediatrician.

HEALTH EDUCATION:_____ (initial here)

I hereby give consent for my child to participate in age appropriate heath education classes. These classes will include, but are not limited to, the following content: general medical health, nutrition, medication, drugs and alcohol, sex education (for children in 5th grade and older), education about my child's disability, and other general health/medical related topics. Parents have the right to view the curriculum at anytime by calling the executive director and scheduling an appointment. Parents also have the right to withdraw consent at any point.

PARENT DIRECTORY:_____ (initial here)

Each year Milestones provides contact information (name, address, email address, and phone number) in the form of a family directory for families. This is a great way to help your children socialize outside of Milestones. If you are interested in having your family's information listed in the family directory, please initial above.

COORDINATION / COLLABORATION WITH PUBLIC SCHOOLS:_____ (initial here)

* This section is only applicable if your town is funding your child's placement

One of the fundamental foundations of Milestones is our belief in partnerships: with the student, student's family, the student's sending school district, and any other relevant provider agencies in the student's life. Milestones staff is involved in a network of communication and collaboration with all our partners to ensure that each student's needs are met and potential is reached.

Milestones maintains a policy and procedure manual, which addresses, in part, the following Department of Education required topics: Referral and admissions processes, IEP development, implementation and pre-determinations, Participation in IEP reviews, Team meetings, and other key planning meetings, Written progress reports, Documentation and reporting including behavioral assessment and plans/interventions, Administration of tests, IDEA Transition requirements, Milestones' Director is responsible for the oversight and implementation of all collaboration of procedures pertaining to the above referenced topics. Milestones will maintain documentation and records of contracts, including but not limited to, telephone logs, correspondence, copies of contracts, and student specific reports. Student records shall be available to representatives of the sending school district for monitoring purposes. Milestones will follow the following procedures to ensure effective coordination and collaboration with all Public School Districts:

- A representative of Milestones will participate in all pre-placement meetings, including Individual Education Plan (IEP) meetings, as scheduled by the sending school district, prior to students being placed. If a representative of Milestones is unable to attend, arrangements will be made for an individual meeting or conference call.
- Milestones staff will work with school districts prior to placement to ensure that the program is able to provide the services on the student's IEP.
- Milestones will work with the sending school district to ensure that the placement is the least restrictive environment consistent with the needs of the student.
- Milestones will work with school districts to ensure that the student's needs as identified by the IEP and Team process are met in an ongoing way.
- Milestones will provide all sending school districts a written contract detailing the roles and responsibilities of each party.
- Milestones will coordinate and collaborate with the school district on all meetings to review and revise the student's IEP. No changes to the student's IEP or program will be implemented without the involvement and agreement of the school district and student's parents.
- Milestones will work closely and continuously with the sending school district, student, and parents/guardians on IEP development, implementation, and play a significant role in the three (3)-year eligibility re-determination process.
- Milestones will provide written progress reports on a regular basis to all sending school districts. These reports will document the student's educational progress, strengths, areas of concern, if any, as well as provide a general overview of the student's functioning in all aspects of Milestones Day School.
- Milestones will provide oral and written communication and documentation regarding all student-related developments including matters involving students' behavior plans, functional behavioral assessments, manifestation determinations, behavioral incidents, and an imposition of discipline.
- Milestones will ensure that all enrolled students participate in state assessment programs in accordance with the assessment participation information provided on the student's IEP.

- Milestones staff will provide for all necessary accommodations needed for students as outlined by the student's IEP. Alternative assessments will also be customized to student's needs, as required, and as determined by the student's IEP.
- Milestones has in place flexible procedures customized for each student's needs to ensure that each student has maximum opportunity to gain the capacity to return to a less restrictive educational program. Such mechanisms include, but are not limited to, a capacity for part-time attendance at a neighborhood public school or other community program or a period of transition from one program option to a less restrictive program option.
- Milestones staff work closely with the sending school district, student, and family, to ensure that preparations for the student turning age eighteen (18) are begun at least a year in advance.
- Milestones will ensure that all consents are obtained in a timely fashion to continue the special education program upon turning eighteen (18), either from the student or to ensure that another mechanism is in place to obtain consent.
- Milestones will work closely with the sending school district, student, family, and any necessary state agency to ensure that adequate preparations are in place for later education and adult life needs.
- Milestones does not grant "high school diplomas". The sending school awards the diploma if all state and local regulations are met and the student has met the MCAS competency determination standards. Milestones may award a certificate of attendance if a student has met local and state guidelines but has not met the MCAS competency determination. This information will be shared with the LEA, parents/guardians, and the student

Research, Experimentation, Fund-Raising, Publicity, Observation, Required Notification, and Authorizations:_____ (initial here)

Milestones shall not conduct the following without prior notification to, and prior written consent of, the effected student and, when warranted, the parent or guardian, and /or the student him/herself if eighteen (18) years of age or over: Research or experimentation, Use of the student or family's name in pictorial, printed, or recorded medium for fund-raising, publicity, or other purposes. A written copy of the school's consent form, if granted, shall be incorporated into the student's record. Milestones shall not allow, without the written general consent of the student's parents or guardian, observations in the school by persons other than parents of the students, paid staff of the school, volunteers and interns working in the school, authorized staff of the State Department of Education, the Regional Review Board, or authorized state and federal monitoring personnel. The consent required under this policy is not required for observations of data collection for purposes of evaluating or documenting5 the services of the school when carried out by persons having legal authority from the school, the state Department of Education, the Regional Review Board, the LEA, the parents and/or authorized state and federal monitoring personnel to perform such evaluation or documentation. A copy of this policy will be maintained in the school's Policy and Procedure Manual available for review on-site.

Behavior/Anti-Bullying/Anti-Hazing Policy: (____ Initial Here)

I have read and consent to Milestones behavior (including restraint), anti-bullying, and anti-hazing policy.

I have read Milestones Day School's Parent and Student Handbook. I have had ample opportunity to ask questions if I didn't understand something or needed further clarification. I understand and consent to Milestones' policies and procedures. By signing this document, I agree to all items listed in the handbook. Please have BOTH parents or legal guardian's sign consent. Should there only be one parent with legal custody, please have only one parent sign.

Child's Name		**DOB**	
Parent 1 (print name)		**Parent 2 (print name)**	

Parent 1 (Signature)		**Parent 2 (signature)**	
Date of Signature		**Date of Signature**	

MEDICAL AND ALLERGY INFORMATION 2011-2012 SCHOOL YEAR

Child's Name: _____ DOB: _____ SSN: _____

Name of Pediatrician: _____ Phone Number: _____

Pediatrician's Address: _____

Child's Insurance Carrier (i.e., BCBS, Tufts, etc.) _____

Policy #: _____ Group #: _____

Person who carries the insurance policy: _____

Relationship to child: ___ mother ___ Father _____ Other _____

Does your child have any significant medical concerns and how is it treated or managed?
❑Diabetes ❑Asthma ❑Seizure Disorder ❑ Heart Problems Infectious Diseases ❑Bleeding/Clotting Disorders
❑Bowel/Bladder Problems ❑ Other:

Does your child have any allergies: ❑YES ❑NO **Does your child carry an EpiPen** ❑YES ❑NO

Type of allergen	Reaction	Intervention
❑Drug Allergies (list type)		
❑Food Allergies (list foods)		
❑Environmental Allergies (list types)		
❑Insect Stings (list types)		

If your child has food allergies, is s/he permitted to participate in our cooking/tasting groups? ❑YES ❑NO

Child's Name: _____ DOB: _____

Menstruation:
If your child is female, has she begun menstruating? ❑YES ❑NO
If not, has she been told about it? ❑YES ❑No

Medications and Supplements:
Does your child take any prescription or over the counter medications/supplements? ❑YES ❑NO

Does your child take medication or supplements? ❑YES ❑NO. If yes, please list below			
Medication and Dose	Reason	Prescribing Physician	Does this medication need to be administered at school?
			❑YES ❑NO ❑Only on an "as needed" basis
			❑YES ❑NO ❑Only on an "as needed" basis
			❑YES ❑NO ❑Only on an "as needed" basis
			❑YES ❑NO ❑Only on an "as needed" basis

If your child takes medication at school, all prescription medication needs to arrive in the original container with the pharmacy label and parents and prescribing physician must sign consent forms prior to any prescription medication being administered. All over-the-counter medication must have the child's name and proper dose clearly labeled on the front. Children may not carry prescription or non-prescription medication. All medication, except epi-pens and inhalers, is kept under lock and key and only administered by authorized personnel.

Over-The-Counter Medications:
I give permission for Milestones to administer the following over the counter medications to my child:

❑ Tylenol Dose: _____

❑ Motrin Dose: _____

I hereby authorize the personnel of Milestones to provide medical treatment or seek medical treatment for my child in the event of an emergency/ medical situation. Milestones will make every attempt to reach families should this arise. I hereby authorize Milestones to release information about my child to appropriate medical personnel in the event of an emergency and I also authorize medical or transport personnel to release information to Milestones in the event of an emergency.

Parent or Guardian's Signature: _____ Date: _____

ADMINISTERING MEDICATION AT SCHOOL

To administer medication at school Milestones requires that the following forms must be on file in your child's health record before we are able to give any medication at school:

1. Signed consent by the parent or guardian to give medication. Please complete a separate consent form for each medication and return it to the school nurse.
2. For prescriptions, signed physician medication order, to be renewed as needed (when there is a change in dosage, time) and at the beginning of each academic year.
3. Signed Student Medication Form listing all medications your child is currently taking both at home and at school. Please include all medications such as Epi-Pen, Inhaler, and any allergies and non-prescription medications (such as vitamins, supplements, etc.)

At the family's request, Milestones Day School will administer acedimenafin, Benadryl, and other "first aid" medications. Any other types of medications (even if over the counter) will require a physician's order to administer.

All medications are required to be in a pharmacy or manufacturer-labeled container with the child's name, prescribing physician (if mediation is not over-the-counter), and directions. By law, no more than a thirty-day supply of medication is allowed at the school.

Children are not permitted to transport medication to and from school (except for an epi-pen or, in some cases, an Asthma inhaler). All medications are required to be delivered to the school by you or a responsible adult whom you designate (which can be your child's bus driver).

PRESCRIPTION MEDICATION ORDER FORM

(to be completed by a licensed physician only if child takes medication at school)

Name of Student_____ **Date of Birth** _____

Name of Licensed Prescriber_____

Please check one: Pediatrician Neurologist Psychiatrist Other (please specify) _____

Prescriber's Address: _____

Prescriber's Phone:_____

Name of Medication_____

Reason Medication is being prescribed: _____

Dosage: _____ Frequency/Time of Administration: _____

Medication should be discontinued: _____ specific date _____ continue until otherwise specified

Route of administration: ❑Oral ❑Injection ❑Suppository ❑Other: _____

Specific directions or information for administration:_____

Side effects, contraindications, or possible adverse reactions: _____

_____

Should an adverse reaction occur, what should our staff do: _____

_____

Directions for storage: ❑In prescription bottle ❑away from light ❑in refrigerator ❑ Other

Physician's Name: _____ ❑***MD*** ❑***DMD*** ❑***PA*** ❑***Other:*** _____

Signature: _____ _____

TRANSPORTATION AUTHORIZATION

Child's Name: _____

I _____ authorize my child to be released to the person/people listed below. Please note, that anyone except the child's parent and regular bus company will be required to show photo ID when picking up your child. Any person without photo ID will not be permitted to pick up your child.

_____ _____ _____

Parent or Guardian's Name Signature Date

Person's Name: _____

Relationship to child: _____

Home Number: _____

Cell Number: _____

Work Number: _____

Address: _____

_____

Person's Name: _____

Relationship to child: _____

Home Number: _____

Cell Number: _____

Work Number: _____

Address: _____

_____

PARENT TRAINING/HOME SERVICES

Milestones day school can provide parent training at your home as an adjunct for your child's school day. Home sessions can occur every other week, once a month, or once every other month for 1 hour. The purpose of home services is parent training. This means, the school's staff works with your family to help create goals, plans of action, and we can provide training for how to carry out the plan.

Parent training is optional and not right for every family. You can elect at any point to have home services or discontinue. If you elect to discontinue home services, this can be temporary or on going. Should you elect to discontinue home services, you can reinstate them at any time without question. Home services run in 8 week cycles. At the end of the 8 weeks, the behaviorist and/or home training will meet with you to discuss if you wish services to continue and update goals.

The purpose of home training is to provide suggestions or recommendations for any home-related issues such as sibling relations, community outings, hygiene, behavior at home, completing homework, social interaction with the family, etc. We can also work with helping your family provide consistency between home and school. Home training is not a continuation of the school day and our staff are not at your home to tutor or work directly with your child. Home training is strictly for parents to learn specific strategies.

Once we have completed our evaluation period and the IEP is written and signed, we will commence with our home-training program.

If you are interested in home training, please fill out the next few pages and submit with your consent forms (or anytime you wish to receive home services).

Child's Name: _____

I ____ AM / ____ AM NOT interested in home services, if you are interested, please let us know the frequency of the visits

❑ Every other week ❑ Once a month ❑ Every other month ❑ Quarterly ❑ Once a year

Parent 1:
Name: _____
Preferred Communication Method: ❑ Phone: _____ ❑ Email: _____
My primary concerns for my child are/I would like to learn:

Parent 2:
Name: _____
Preferred Communication Method: ❑ Phone: _____ ❑ Email: _____
My primary concerns for my child are/I would like to learn:

Check Off Sheet: Please check the level of mastery your child has with the listed skills.

Domain	Activity	Confident	So-So	Needs Help
Daily Living Skills	Independent getting dressed (including shoe tying)			
	Independent grooming (showering, hair, teeth, etc.)			
	Independent making snack/breakfast			
	Small house chores			
	Setting an alarm			
	Answering the phone and delivering messages			
	Clean own room			
	Laundry			
	Has hobbies to occupy his/her time			
	Is able to handle small amounts of money appropriately			
	Gathers materials for school and organizes them when s/he comes home			
	Can do homework independently			
	Provides personal information (address, phone number, any medical issues including medication s/he is on)			
	Using a key to the door			
	Safety with medicine and poisons			
	Going into the community			
	Knows what to do in an emergency			
Family Relations	Gets along with siblings or other relatives			
	Behaves appropriately around guests			
	Having play dates or peers over			
Explaining Disability	Explaining disability to child			
	Explaining disability to family members or siblings			
	Need more information about my child's disability			
Community & Support	Finding specialists or programs (Neuropsych, Sibshops, dentist, etc.)			
	Recreation programs outside of school			
	Respite care provider			
	Estate planning (information for parents)			
Behavior	Keeping in control at home			
	Using coping skills at home			
	Using appropriate language at home			
Other				