

NWSOIL Student Registration
Packet



Northwest School of Innovative Learning

Certificate of Guardianship

I, _____ certify that
I have legal custody of _____.

(Note: Please provide a copy of current legal custody/guardianship papers. These would be necessary in cases of divorce, DSHS placement, or an other extenuating circumstances.)

Parent/Legal Guardian Signature

Date

Student Signature

Date

NWSOIL Administration

Date

Northwest School of Innovative Learning

Placement Agreement

Student: _____ Birthdate: _____

I/We accept placement of my/our child at Northwest School of Innovative Learning and willingly agree to work cooperatively with the staff. I/We understand that parent/guardian participation is an essential part of the success of my/our child's academic, emotional and behavioral needs. Therefore, I/we acknowledge that I/we will be required to attend any necessary psychiatric, therapeutic and educational meetings. I/We also acknowledge that failure to do so may result in may/our student being exited from NWSOIL.

I/We authorize NWSOIL, its staff, attending physicians, and intern/practicum students to render educational and therapeutic services. Depending on your student's school district contract, services may include psychiatric evaluation, medication management, individual, group and family therapy, art therapy, crisis and case management and recreational therapeutic services.

I/We acknowledge that certain healthcare professionals furnishing services to the student including, but not limited to the psychiatrists, psychologists, physical therapists, and mental health professionals may be independent contractors and may not be employees or agents of NWSOIL. I/We further recognize that the student may be billed separately by their attending physicians and /or other healthcare professionals for their services provided unless it is specifically requested by the student's school district's contact with NWSOIL.

Parent/Legal Guardian Signature

Date

Student Signature

Date

NWSOIL Administration

Date

Northwest School of Innovative Learning

Student Rights

Student: _____ Birthdate: _____

It is the intent of NWSOIL, within its abilities, to offer education and treatment free of discrimination by race, national origin, religion, gender, sexual orientation, ethnicity, age, or handicap and to render that education and treatment in ways that respect and promote their personal dignity of the student whether carried out by NWSOIL directly or through a contractor or any other entity with whom NWSOIL arranges to carry out its program and activities. If you have any questions or concerns regarding this policy, or if you wish to file a complaint alleging violations of the above, please contact the Chief Executive Officer at 425-821-8000.

At Northwest School of Innovative Learning:

1. You have the right to considerate and respectful care and recognition of your personal dignity.
2. You have the right to an Individual Education Plan (IEP and, if deemed appropriate, an individual treatment plan, based on your own needs.
3. You have the right to provide input and to be informed about your IEP and treatment and you are encouraged to sign it when appropriate.
4. You have the right to evaluation and input from a multidisciplinary team that will periodically review your IEP and individualized treatment plan.
5. You have the right to be introduced to, and oriented by, educational and clinical staff who will be working with you.
6. You have the right to be informed of any special care procedures or treatments by the person providing that care and/or education.
7. You have the right to be informed of any clinical staff changes that may affect your education and care.
8. You have the right to protection of your personal privacy within the limits of your individual treatment plan and the right to confidentiality.
9. You have the right to agree or refuse to be a subject of research, audio or video recording, or special observation without an effect on your access to the school's services. If you agree to participate in such activities, you have the right to be informed of the current and future use of the products that result.
10. You have the right to expect that all communication and medical records pertaining to your care shall be treated confidentially within the treatment team, except as otherwise required by law.
11. You will have educational and therapeutic services provided in the least restrictive environment possible.

Student Rights

12. You have the right to have explained to you the source of any payment for services and any limits on time available for those services.

13. You have the right to know what student rules and regulations apply to your conduct as a student.

14. You have the right to be told what medications you are prescribed and to receive information regarding the risks, side effects and benefits of medication and treatment procedures.

15. You have the right to be informed of alternative treatment procedures and settings.

16. You have the right to be informed of proposed follow up care plans.

17. You have the right to initiate a consumer complaint.

18. You have the right to dispose of property and signed contracts and will not be presumed incompetent or lose any of civil rights as a result of receiving evaluation or treatment for a mental disorder.

19. You will receive a copy of your rights upon entry, have them fully explained and you may then choose to sign them. You are encouraged to ask any questions you may have about these rights.

Please make sure that you have reviewed the Student Rights listed above and asked any questions prior to signing this form. By signing, you acknowledge that you have reviewed the above Student Rights and have been offered a copy for your records.

Parent/Legal Guardian Signature

Date

Student Signature

Date

NWSOIL Administration

Date

Northwest School of Innovative Learning

Handbook Acknowledgement

Student: _____ Birthdate: _____

Our student handbook contains important information regarding communication, policies and procedures. Please refer to it as needed while you are attending our school.

As always, please ask an administrator if you have any questions about the content.

By signing below, we acknowledge receiving a copy of the NWSOIL student handbook. It is our responsibility to read and understand the policies and procedures contained herein.

Parent/Legal Guardian Signature

Date

Student Signature

Date

Northwest School of Innovative Learning

Redmond
Tacoma
Olympia

Personal Data Sheet

Start Date: _____
District: _____
1:1 Yes No

Student Name: _____ Date: _____
Address: _____ Birthdate: _____
Grade: _____

Legal Guardians: _____ Relation to Student: _____
Address: _____ Phone: _____
Cell: _____
Email: _____ Work: _____

Emergency Contact: _____ Relation to Student: _____
To be contacted only if attempts to contact guardian are unsuccessful Phone: _____

As a guardian, I authorize the following people to pick up my student from school:

Name: _____ Phone: _____
Relation to student: _____
Name: _____ Phone: _____
Relation to student: _____

Physician: _____ Phone: _____
Address: _____ Fax: _____
Email: _____
Medication, Dosage and Times: _____
Allergies: _____
Medical Insurance: _____
Carrier: _____ Policy Number: _____

School District: _____ Phone: _____
Contact Person: _____ Email: _____
Contracts sent to: _____

Northwest School of Innovative Learning

Contraband Search Authorization

Student: _____ Birthdate: _____

Due to the nature of the population of student that we serve it is the policy that NWSOIL to conduct contraband search of each student and his/her property upon arrival to school each day.

The following steps outline the procedure for searching each student regardless of class, gender, ethnicity, economic standing, religion, or disability.

Upon arrival the student will be taken aside by a trained school employee:

1. The students coat will be searched (pockets, flaps, etc.)
2. A metal detector wand will be used to search each student's body for weapons or sharps.
3. The student will be required to empty their pockets and staff will make a visual inventory of the contents.
4. The student's bag, backpack, purse, or satchel of any ind will be searched in the presence of the student. All zippers, smaller bags, books, notebooks, etc. will be opened. Again, a visual inventory will be taken by the staff.
5. Students will be asked to remove their shoes so that we may inspect them for contraband as well. This may be done on random basis, if so all children will be checked that day.
6. Appropriate personal items will be returned to the student.

Should weapons or other forms of contraband material be found during the search it will be confiscated and the program manager will be notified immediately. For additional information on consequences refer to the student handbook.

Student Signature

Date

Parent/Legal Guardian Signature

Date

NWSOIL Administration

Date

Northwest School of Innovative Learning

Medication Dispensing Policy

Student: _____ Birthdate: _____

As normal and regular practice, medication should be administered at home whenever possible. However, we understand that in many cases, dosages may fall into the hours when your child is at school. In these situations, the following rules must be followed:

1. The medication Authorization form must be completed by both the parent/guardian and the attending physician. This form included in the registration packet. Additional forms are available from NWSOIL personnel. These forms can also be faxed to the physician's office at any time through the school year if there are any medications changes.
2. Parent/guardians are responsible for bringing a one month supply of medication in a pharmacy bottle, labeled with your child's name, name of medication, the medication dosage, and the time the medication is to be administered. Students are not allowed to bring in their own medications.
3. Over the counter medication (non-prescription) will not be given without a physician's order as well as parental permission.
4. The parent/guardian is responsible for notifying the school medication monitor and having the physician complete a new form when changes are made.
5. Failure to provide daily medication or current prescriptions may result in your child not being able to attend school until medication or prescriptions can be provided.
6. Unused medication shall either be picked up by the parent/guardian or destroyed.

I have read and understand the above policy on the dispensing of medication at NWSOIL.

Parent/Legal Guardian

Date

NWSOIL Administration

Date

Northwest School of Innovative Learning

Medication Authorization

Student: _____ Birthdate: _____

THE FOLLOWING IS TO BE COMPLETED BY THE PHYSICIAN

Name of Mediation Dosage Time of day to be administered

Diagnosis: _____

If given PRN, specify the length of time between doses: _____

Possible side effects of medication: _____

Emergency procedure in case of serious side effect: _____

I request and authorize that the above named student be administered the above identified medication in accordance with the instructions indicated. Medication orders are good for the current school year only, which includes summer school. There exists a valid health reason which makes administration of the medication advisable during school hours or during such time that the student is under supervision of school officials. Medication may be administered by non-licensed school personnel.

Physician's Signature

Date

Print Name

Phone: _____

THE FOLLOWING IS TO BE COMPLETED BY THE PARENT/GUARDIAN

I understand that my signature on this form constitutes a waiver by me to NWSOIL and authorized supervising personnel for liability for adverse reaction when medication is administered in the proper manner.

I request that my child be assisted by the school medication monitor in taking the medication described above at school or while on a school field trip.

1. Medication must be provided to the school in a properly labeled prescription container.
2. Ask the pharmacist to supply a second prescription container for school use.

As the time and dosage adjustment may be ongoing, the medication monitor will follow the doctor;s recommended changes upon written notification from the physician and parent/guardian.

The parent/guardian agrees that a medication dosage could possible be delayed or missed due to unexpected circumstances or changes in the student's schedule. If the parent/guardian is unable to accept this condition, the district is not obligated to honor the request for administraton of medication by school staf..

Parent/Legal Guardian Signature

Date

This form is to be permanently retained in the field trip and medication folder.

Northwest School of Innovative Learning

Over the Counter Medication Authorization

Student: _____ Birthdate: _____

There are days when students come to school with a headache or other minor pain related issues and need to take a pain reliever. School staff cannot prescribe any medication to students. If you would like your child to be able to take a pain reliever when they are having a headache, etc., please bring in an unopened bottle of a medication (over the counter) of your choice with your student's name on it and this signed form. Student may not bring in the medication.

When your child requests to have a pain reliever, you will be notified via phone or written communication home. Thank you for your cooperation.

I, _____ (parent/guardian), authorize NWSOIL to dispense an over the counter medication to _____ (student).

I understand that I must bring in an unopened bottle of the medication indicated below with my child's name on it. I also understand that each time my child may need to take a pain reliever; I will be contacted by the school via phone or written communication home.

Parent/Legal Guardian Signature

Date

NWSOIL Administration

Date

Over the counter medication to be administered (check all that apply):

<input type="checkbox"/>	Acetaminophen
<input type="checkbox"/>	Aspirin
<input type="checkbox"/>	Antihistamine
<input type="checkbox"/>	Ibuprofen
<input type="checkbox"/>	Naproxen
<input type="checkbox"/>	Cough drops/Throat Lozenges
<input type="checkbox"/>	Other(please specify): _____

This form is to be permanently retained in the field trip and medication folder.

Northwest School of Innovative Learning

Field Trip/Out of School Activities Authorization

Student: _____ Birthdate: _____

I, _____ (Parent/Legal Guardian) authorize _____ (Student) to participate in supervised activities, outings, and field trips at NWSOIL. NWSOIL will provide supervision and transportation in a school vehicle. When in walking distance, both students and staff will walk to the destination.

All students must meet set rules in order to attend a field trip, outing or activity. Students who "act out" or engage in inappropriate behavior(s) while on the outing may be returned to the school by staff and possibly banned from future outings.

Student Signature

Date

Parent/Legal Guardian Signature

Date

NWSOIL Administration

Date

Northwest School of Innovative Learning

Photography/Videotaping Authorization

Student: _____ Birthdate: _____

As part of the educational experience offered to students of the NWSOIL, we would like to utilize photography and/or videotaping of students. The intent of this photography and/or videotaping is therapeutic, educational and supportive of the program. Photographs would be used primarily for student projects. In the case of NWSOIL promotional materials, images would only be taken of the backs of students' heads, and would essentially be anonymous images.

You may revoke your consent at any tme, but please provide us with written notification of your desired revocation so they may include it with our records.

Students are only required to sign this form if they are 18 years of age or older.

Student Signature

Date

Parent/Legal Guardian Signature

Date

NWSOIL Administration

Date

Northwest School of Innovative Learning

Physical Management Policy/Emergency Response Protocol

Student: _____ Birthdate: _____

At times, it becomes necessary to use physical management with students who are not in control. It is the philosophy of NWSOIL that physical restraint is always used as a last resort and used only in the following situations.

- 1 The student is a danger to self.
- 2 The student is a danger to others (staff, students).
- 3 Physical aggression on property

There are times when a lesser form/amount of physical management is necessary in order for staff to regain control of a situation. In these situations, staff will utilize the least amount of physical guidance (not restraint) necessary to remove the student. Incidents requiring physical guidance may include.

- 1 The student is totally refusing to cooperate with staff and the program.
- 2 The student is disrupting programming for others
- 3 The student is interfering with other students' ability to learn and is providing extremely poor modeling for other students.

All staff members at NWSOIL are trained to deal with students' inappropriate behavior and are certified through Handle With Care (HWC) training program in "Crisis Intervention, Behavior Management and Restraint". The training focuses on management of disruptive, assaultive, and/or out of control behavior. The behavior management program includes a number of techniques such as supporting students with anxiety and giving directions when the student becomes defensive. When a student engages in "out of control" behavior which poses an imminent danger to self or others, he/she may require the use of a physical restraint procedure. If the student is unable to gain control of his/her behavior through physical management, and/or locked/unlocked seclusion, parents/guardian will be called to discuss the use of mechanical restraints, removing the student from school for the remainder of the day, and/or evaluating whether the student requires a higher level of care.

The use of physical management will be outlined as a supplement to each student's IEP. In addition to a student's Positive Behavior Plan.

I have read and understand the above policy. I understand that physical management will only be used as a last resort for the safety of my child, as well as other students and staff. I understand that I will be notified after any physical management is required.

Student Signature

Date

Parent/Legal Guardian Signature

Date

NWSOIL Administration

Date

Northwest School of Innovative Learning

Consent for Emergency Medical Treatment

Student: _____ Birthdate: _____

I give my consent for NWSOIL personnel to authorize, on my behalf, any necessary evaluation and emergency medical treatment for _____ (student), should such evaluation or treatment be deemed necessary.

I understand that NWSOIL will not be held liable for any difficulties resulting from such evaluation or treatment.

Parent/Legal Guardian (Print)

Parent/Legal Guardian Signature

Date

Name of Insurance Company

Policy Number

NWSOIL Administration

Date

Northwest School of Innovative Learning

Damage to Property Policy

Student: _____ Birthdate: _____

Charges for repairs/replacement of any school property defaced or damaged by NWSOIL students will be billed to their homes. We do not necessarily believe parents/guardians should be held responsible for their student's actions; however, we do feel that arrangements for payment or damages should be a family decision. This may include additional chores in the home, community or at NWSOIL. In addition, NWSOIL personnel may press charges against the student for property destruction.

Student Signature

Date

Parent/Legal Guardian Signature

Date

NWSOIL Administration

Date

Northwest School of Innovative Learning

Elopement Policy

Student: _____ Birthdate: _____

POLICY: In the event of a student elopement. It is the policy of NWSOIL to act in accordance with the welfare of the student and the public while respecting the students' rights.

PURPOSE: To define school practice in the event of a student elopement. When any student elopes or is believed to be missing, the school staff shall respond quickly and thoroughly in an effort to ensure the student returns safely and in a timely manner.

DEFINITION: Elopement: A situation in which a student succeeds in leaving the facility premises without authorization.

PROCEDURE: When it becomes reasonably certain that a student is missing without authorization, the person making the observation must initiate the following:

- 1 Report a missing student immediately to the school supervisor or designee who will act as the code leader. In turn, a page on the radio will announce "elopement" to all staff in the building.

- 2 In the event that a student leaves school property, parent/guardian and police will be notified immediately.

- 3 The school administrator or designee will assign staff to keep a visual on the student as far as the school property, noting the direction the student is heading and description of the student and clothing.
 - A. Staff members are not allowed to follow, chase or look for students beyond the limits of the school grounds unless:
 - 1 The student is under the age of 18 years
 - 2 The student is under protective custody
 - 3 The student is considered dangerous to himself or others
 - B. If a student is seen off grounds, staff will:
 - 1 Maintain a safe but visual distance
 - 2 Report the student sighting to the policy
 - 3 Only escort the student back to school if the staff believes the student will respond voluntarily; and
 - 4 Only transport the student back by company vehicle to the school if staff believes the student will respond voluntarily AND there is two staff in the vehicle.

- 4 All student who elope and remain on school grounds will be returned to the school.

I have read and understand the above policy. I understand that I will be notified after any elopement.

Student Signature

Date

Parent/Legal Guardian

Date

NWSOIL Administration

Date