



# Allendale

## ALLENDALE SCHOOL EMERGENCY INFORMATION 2022-2023 SCHOOL YEAR

**STUDENT NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_ **S.S. #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PARENT PHONE:** \_\_\_\_\_ **PARENT EMAIL ADDRESS:** \_\_\_\_\_

***Parent/Guardian Information:***

\_\_\_\_\_  
Name Relationship to Student

\_\_\_\_\_  
Name Relationship to Student

**1) Place of Employment:**     Mother     Father     Other: \_\_\_\_\_

\_\_\_\_\_  
(Name of Company/Employer) (Telephone Number - include area code)

\_\_\_\_\_  
(Cell Phone Number/ Pager number)

**2) Place of Employment:**     Mother     Father     Other: \_\_\_\_\_

\_\_\_\_\_  
(Name of Company/Employer) (Telephone Number-include area code)

\_\_\_\_\_  
(Cell Phone Number/ Pager number)

**Allergies:** \_\_\_\_\_

**Other Medical Concerns:** \_\_\_\_\_

**Family Physician:**    Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**\*Copy of Insurance Card**

Does your child take medication on a regular basis?  Yes  No

If yes please list medication, purpose, and name and number of prescribing physician:

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

**EMERGENCY NUMBER FOR:**  Mother  Father  Other: \_\_\_\_\_

\_\_\_\_\_  
(Please include area code)

**Contact person who can give emergency consent if parent is not available:**

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

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

Phone: \_\_\_\_\_

### **Educational Service Agreement for Therapeutic Day School**

#### **Parental Responsibilities:**

\_\_\_\_\_ of \_\_\_\_\_  
(Name of Parent/Guardian, relationship) (Name of Student)

residing at \_\_\_\_\_  
(Address, Street, City, State, Zip Code)

#### **1. Parental Treatment Responsibilities:**

- a. I agree to attend all required staffings at Allendale Stepping Stone and/or LINC.
- b. I agree to participate in clinical consultation with the Allendale team.
- c. I agree to the best of my ability to let Allendale know how they can best support my child.
- d. I agree to become familiar with the therapeutic approach utilized at Allendale Stepping Stone and/or LINC.

#### **2. Parental Financial Responsibilities:**

- a. I agree to be responsible for all medical, dental and vision expenses incurred during the school day. The student's insurance coverage(s) are:

1. Name of Insurance Company: \_\_\_\_\_  
Name of the policy holder: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

2. Name of Insurance Company: \_\_\_\_\_  
Name of the policy holder: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

3. Name of Insurance Company: \_\_\_\_\_  
 Name of the policy holder: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_
- b.  My son/daughter is eligible for the reduced or free lunch program. I have completed an application.  
 My son/daughter is not eligible for the free lunch program. I understand I will be charged \$2.50 per day on a monthly basis for meals my child eats. I understand that payment is expected monthly.
- c. I agree to provide paper, pencils, and other school supplies as required.
- d. I agree to reimburse the school for damages to property incurred while my son/daughter is a student at Allendale Stepping Stone and/or LINC.

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

\_\_\_\_\_  
 Date

**Allendale—Stepping Stone/LINC Responsibilities:**

**Stepping Stone/LINC will:**

**1. Education:**

- a. Implement goals and objectives as outlined in the IEP.
- b. Submit regular and routine reports for regularly scheduled staffings and other necessary reports the district may require.

**2. Clinical:**

- a. Provide clinical consultation, individual therapy, group therapy, and other family-supportive services as requested.
- b. Provide psychiatric and auxiliary services as needed.
- c. Provide information to parents regarding the treatment programming at Allendale.

**3. Case Management:**

- a. Inform parents and school district of dates and times of multidisciplinary staffing reviews.
- b. Regularly inform parents and school district representatives of placement progress.
- c. Conduct multidisciplinary staffings at regular intervals.
- d. Develop agreed-upon Life Plan and Discharge Goal.

\_\_\_\_\_  
 Signature of Therapeutic Day School Director



**ALLENDALE ASSOCIATION  
Services Consent Form**

**Therapeutic Day School**

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

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

ID#: \_\_\_\_\_

Birth Date: \_\_\_\_\_

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

Guardian: \_\_\_\_\_

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

The proximity of the placement was reviewed upon pre-placement with the legal guardian and/or referring agency. The consensus of the Intake Committee was \_\_\_\_\_ is the most appropriate placement based upon the needs of the client in order to provide for his/her physical, social, educational, and emotional needs at the time of the admission.

Prior to the initiation of mental health services, Allendale Association shall obtain written or oral consent for these services demonstrating that the client or guardian, as applicable, knows all of the risks and costs involved in the treatment, including the nature of the therapeutic service, possible alternative services, and the potential risks and benefits of the services provided.

Allendale Association in providing therapeutic service/education to its clients, residents, and students, needs the authorization of the client, resident, student, and/or guardian in order to provide comprehensive therapeutic/educational services. Authorization is valid for one year and may be revoked at any time. **Please review each area needing authorization and indicate your wishes by placing an "X" in the appropriate box, and signing your initials.**

I/We the undersigned, hereby authorize Allendale Association to:

	Yes	No	N/A	Client Initial	Guardian Initial
<b>Consent For All Routine Rehabilitative Services:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
I consent to the use of therapeutic service/education deemed advisable and in accordance with professionally accepted methods. I understand that the therapeutic service will include clinical consultation, individual and group therapy, and case management.					

**Informed Consent Regarding Allendale's Behavior Management Techniques**

Allendale's approved Behavior Management Techniques Have been provided to me in a language I can understand. Questions I had regarding the techniques have been addressed. I understand that manual (physical) restraint may only be used when a youth presents a threat of physical harm to self or others. I consent to use of Allendale's approved behavior management techniques.

Yes  No  N/A

Client Initial \_\_\_\_\_ Guardian Initial \_\_\_\_\_

**Guardian Notification**

Guardians will be notified of each instance of physical restraint which occurs as a involving my child.

Yes  No  N/A

Client Initial \_\_\_\_\_ Guardian Initial \_\_\_\_\_

**Informed Consent Regarding Allendale's Universal Rules**

Allendale's Universal Rules have been explained and provided to me in a language I can understand. Questions I have regarding the rules have been addressed. I have received a written copy of the rules (in the School Handbook).

Yes  No  N/A

Client Initial \_\_\_\_\_ Guardian Initial \_\_\_\_\_

**Programmatic Searches**

I have been advised that as part of Allendale's programmatic protocol, searches of students' belongings will be performed upon entry to the school and as deemed necessary.

Yes  No  N/A

Client Initial \_\_\_\_\_ Guardian Initial \_\_\_\_\_

**Permission to Search Student**

I authorize Allendale staff to search a student for the purpose of determining possession of and/or confiscating illegal drugs, lethal weapons, fire-setting paraphernalia, or any item/substance which is potentially harmful to students, staff, or the school milieu.

Yes  No  N/A

Client Initial \_\_\_\_\_ Guardian Initial \_\_\_\_\_

**Mental Health Assessment**

I consent for Allendale staff to interview and review records to determine need for mental health services and for establishing an Individual Treatment Program.

Yes  No  N/A

Client Initial \_\_\_\_\_ Guardian Initial \_\_\_\_\_

**Family Assessment/Family Services**

I consent for Allendale staff to conduct a family assessment/ social history including significant others as identified by the youth and family. I agree to participate in Clinical Consultations, the primary therapeutic intervention at Allendale. I understand that the levels of family service available may include, but are not limited to, Clinical Consultation and family therapy.

<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Client Initial</b>	<b>Guardian Initial</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**Administration of Medication**

I consent for authorized staff to administer medication as part of care and treatment under the direct supervision of Allendale’s licensed medical consultant and at the direction of Allendale’s registered nurse. A physician’s order is required in order for any medication (prescription or over the counter) to be administered.

<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Client Initial</b>	<b>Guardian Initial</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**Routine Medical/Dental**

I consent for Allendale staff to provide routine first aid as defined and required by state licensing standards for child care institutions.

<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Client Initial</b>	<b>Guardian Initial</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**Emergency Medical/Dental**

I consent for Allendale staff to provide emergency medical/dental treatment and care including Emergency Room Care and/or hospitalization in those instances where it is not possible or feasible to secure the express consent of the guardian beforehand.

<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Client Initial</b>	<b>Guardian Initial</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**Psychological and Psychiatric Evaluations**

I consent for licensed Allendale staff to complete psychological and psychiatric evaluations when deemed appropriate for treatment and educational planning. Relevant data from earlier evaluations may be included in reports of current psychological, psychoeducational and psychiatric evaluations.

<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Client Initial</b>	<b>Guardian Initial</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**Psychiatric Services/ Medication Monitoring**

For students utilizing Allendale’s consulting psychiatric service, I agree to participate in each psychiatric appointment and understand that parent involvement is required to receive psychiatric services.

<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Client Initial</b>	<b>Guardian Initial</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**Electronic Devices, Media, and Internet Access**

I have been provided and have read Allendale’s Electronic Devices, Media, and Internet Policy. I understand that

<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Client Initial</b>	<b>Guardian Initial</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

use of the internet is a privilege, and Allendale offers youth use of the internet as an educational tool to enhance and reinforce learning. Allendale takes precautions to prevent access to materials that may be defamatory, inaccurate, offensive, or otherwise inappropriate to the learning environment. However, it is impossible to control all material and a user may discover inappropriate material, therefore, Allendale respects each parent/guardians right to decide whether or not to authorize internet access.

**Out-of-State-Travel/Field Trips**

I consent for Allendale staff to take my child to Wisconsin on periodic trips at various times during the year with staff members not including overnight stays.

<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Client Initial</b>	<b>Guardian Initial</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**Field Trips**

I consent for Allendale staff to take my child on periodic short trips off campus to supplement educational programming.

<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Client Initial</b>	<b>Guardian Initial</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**Speech and Language Evaluations**

If determined by the IEP Team, I agree for my child to be evaluated by Allendale’s speech/language pathologist to determine if speech/language services are needed.

<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Client Initial</b>	<b>Guardian Initial</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**Participation in Volunteer Program**

I consent for my child to participate in Allendale’s Volunteer Program. This may include working with an Allendale volunteer under the supervision of Allendale Staff. This may include receiving assistance with schoolwork or participating in a activity around the school.

<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Client Initial</b>	<b>Guardian Initial</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**Consent to Allow Yearbook Photographs**

I consent for my child to be photographed and included in Allendale’s annual School Yearbook.

<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Client Initial</b>	<b>Guardian Initial</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**Privacy/Confidentiality Policy**

I acknowledge having been offered Allendale’s “Notice of Privacy Policies” and “Clients Rights Statement”, My rights including the right to see and copy my record, to limit disclosure of my treatment information, and to request an amendment to my record, is explained in the policy. My right to make a complaint and file a grievance under state laws has also been explained. I understand that I may revoke in writing my consent for release of my treatment, except to extent Allendale

<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Client Initial</b>	<b>Guardian Initial</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

has already made disclosures with my prior consent. I have been advised of the limits of confidentiality within the Allendale treatment setting.

**I have had the above service consent requests explained to me in a language I can understand and had the opportunity to ask questions and have those questions addressed. My signature below authorizes Allendale Association to provide the services for which I have checked "yes" above.**

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Client if over 12 yrs.) Date

\_\_\_\_\_  
Signature of Parent/Guardian Date  
(If client is a minor, family or guardian is legally responsible for approving care prescribed)

\_\_\_\_\_  
(Witness/Relationship) Date

\_\_\_\_\_  
Signature of parent/guardian if client is 18 Years or Date  
older and is adjudicated incompetent. (Copy of Court Order included in file)

*updated 6/18 130725, 10/15/2014, 05/25/2016, 07/22/2021*



## ALLENDALE ASSOCIATION Other Services Consent Form

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

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

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

Guardian: \_\_\_\_\_ Unit: \_\_\_\_\_

Allendale Association needs the authorization of the youth and/or guardian in order to provide the following family treatment services. Authorization is valid for one year and may be revoked at any time. **Please review the area needing authorization and indicate your wishes by placing an "X" in the appropriate box, and signing your initials.**

I/We the undersigned, hereby authorize Allendale Association to:

	Yes	No	N/A	Client Initial	Guardian Initial
<p><b>Recording Psychotherapy</b></p> <p>I consent to use audio recording during family and individual psychotherapy meetings. The recordings will be used confidentially between the therapist and the clinical supervisor for supervision purposes. Recorded sessions may also be presented in group supervision with other Allendale therapists. Recordings are ultimately destroyed after use in supervision. This authorization in no way allows any other use of this recording</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

I consent to use of audio recording during clinical consultation sessions. The recordings will be used to prepare a transcript of the session for supervision purposes. Recorded sessions and/or the prepared transcript may also be presented in group supervision with other Allendale therapists and supervisors. Recordings are ultimately destroyed after use in supervision. This authorization in no way allows any other use of this recording.

	Yes	No	N/A	Client Initial	Guardian Initial
<p><b>Audio Recording Clinical Consultation Sessions</b></p> <p>I consent to use of audio recording during clinical consultation sessions. The recordings will be used to prepare a transcript of the session for supervision purposes. Recorded sessions and/or the prepared transcript may also be presented in group supervision with other Allendale therapists and supervisors. Recordings are ultimately destroyed after use in supervision. This authorization in no way allows any other use of this recording.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

I consent to use of audio recording during clinical consultation sessions. The recordings will be used to prepare a transcript of the session for supervision purposes. Recorded sessions and/or the prepared transcript may also be presented in group supervision with other Allendale therapists and supervisors. Recordings are ultimately destroyed after use in supervision. This authorization in no way allows any other use of this recording.

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
Signature of Client (if over 12 yrs.) Date

\_\_\_\_\_  
Signature of Legal Guardian Date



## **Allendale Therapeutic Day School: Search Procedures**

Upon entering the building, students must be prepared to undergo the following search procedures:

- Search backpacks, tote bags, or other bags
- Empty all pockets
- Coat taken off and searched
- Lift pant legs, show top of socks
- Shoes taken off and searched
- Scanned by Hand-Held wand/metal detector

The following items will be confiscated if brought to school:

- Open containers of liquid
- Lighter, tobacco, and vaping products, drug paraphernalia
- Alcohol, drugs
- Toxic materials
- Sharp objects
- Other items not specifically listed here but deemed unsafe for the school environment will be confiscated.

Illegal items will not be returned, and police will be contacted. Other confiscated items may be picked up by parents.

The following items will be collected during the search:

- Cell phones, cameras, and other picture taking or recording devices
- Electronic devices (i.e.; tablet, laptops, etc.) other than school-issued Chromebook
- Money
- Lunch/Snacks
- Toys
- Hygiene products
- Other items that may cause milieu distraction

**Allendale will not be responsible for any items that are lost, stolen or broken. Students are highly encouraged to leave valuable items at home.**

**Cell phones and electronic devices will be collected by staff during search process, placed in individual student bags and returned at dismissal. Student may request money be kept in a locked drawer with School Administrator. Other personal items will be taken to the classroom to be distributed at appropriate time.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



## Student Dress Code Policy

<b>Policy:</b> Student Dress Code Policy	<b>Date Issued</b> Reviewed 3/4/19
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Students are expected to dress in a manner that will not disrupt the educational environment. Based on this, staff reserves the right, to prohibit clothing and personal possessions that are determined to present a disruption to the learning environment. The following serves as a guideline that is not considered to be all-inclusive and is in effect for Allendale Educational Programs:

1. Clothing will be neat and clean.
2. Hats, bandanas, or other head coverage not appropriate to the situation or prevailing weather are not allowed. Hats or bandanas may not be worn indoors on any part of the body in any program area (except for sanitary reasons or approval per the nursing department).
3. Gloves and sunglasses may not be worn indoors.
4. Clothing, jewelry, or tattoos which display profanity, sexually suggestive messages, obscenity, and slanderous or violent messages (e.g. weapons, gang representation) may not be worn.
5. Clothing cannot display or depict items referencing drugs, alcohol, or tobacco.
6. Students need to be covered from their shoulders to their mid-thigh. Transparent clothing, crop tops or tank tops with straps thinner than 2 inches are prohibited.
7. Clothing intended for sleeping, such as slippers or pajamas are not acceptable at school.
8. Shirts must be worn at all times.
9. Undergarments may not be exposed.
10. Appropriate footwear must be worn in all program area.
11. Swim attire: Girls must wear one-piece suits and boys must wear swim shorts.

### Violations of Dress Code:

- Student is offered alternative clothing or restricted to the classroom until dress code is followed.
- Student is placed on open PL until dress code is followed.

Repeated violations may require a conference with parents/guardians and school administration.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_



## **Allendale Youth Electronic Devices, Media, and Internet Policy**

<b>Policy:</b> Youth Electronic Devices, Media, and Internet Policy (Agency)	<b>Date Issued</b> 3/7/19
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Our policy has been created to promote the safety and well-being of the youth that we serve. We understand that our youth have been exposed to different forms of media prior to entering our agency and will continue to utilize media once they leave our care. Our goal for our youth is to have them exposed to various forms in order to experience the benefits of electronic media and the internet both educationally and recreationally in a safe and healthy manner.

As an agency, we realize the positive benefits various media outlets provide. Electronic media can enhance learning within the classroom, provide fun and recreation, assist in job searches, and provide connections and communication with family and friends. It is our intent to provide opportunities for youth to utilize various forms of media while in our care in order to promote, model, and teach youth how to utilize and navigate it in a responsible and appropriate manner.

Utilization of electronic media and the internet is a privilege. Youth are expected to follow the policy outlined below. If youth are not following the policy or utilizing electronic media or the internet in a manner that disrupts the milieu, is deemed offensive, dangerous or illegal, consequences will be given and usage may be revoked.

Youth may have access to personal electronic devices, but due to privacy concerns, youth are **not allowed to have any device that has recording or picture taking capabilities in the milieu.**

**Allendale is not responsible for the loss, theft or damage to any personal electronic device.**

### **ELECTRONIC DEVICES**

It is the responsibility of the youth to adhere to Universal Rules as it relates to electronic devices, MP3 players, IPADs, personal laptops, DVD players, etc. Devices are not permitted during classroom lessons or other educational, vocational or programmatic activities unless otherwise instructed by staff. Devices may not have recording or picture taking capabilities.

### **CELL PHONES**

Youth are required to turn in cell phones upon entering milieu. Cell phones will be kept locked and provided to youth when they leave for visits or during agreed upon off-campus activities (i.e.: employment).

## **VIDEO GAMES**

Youth are only permitted to have video games marked for **“E” (Everyone)** or **“T” (Teen)**. No games marked as **“M” (Mature)** or **“A” (Adult)** are permitted on campus, nor are any games that include realistic gun violence or shooting permitted.

## **MOVIES**

Youth are permitted to watch movies **rated G and PG**, and if 13 years old or older, **PG-13**. Youth are not permitted to watch movies rated R or any illegally downloaded or recorded movies. Regardless of the rating, movies that trigger a negative response should not be viewed. Examples include horror, psychological thrillers, violence, sexual situations, etc. If a movie contains a controversial topic, approval needs to be received through established agency procedures in order to address the impact it may have on our youth.

## **TELEVISION**

Regarding **television**, refer to parental ratings; television shows that depict horror, psychological thrillers, violence or sexual situations, even included in news media coverage, or other material are not appropriate for youth in care and are not permitted.



### **Directed to Older Children**

This program is designed for children age 7 and above. It may be more appropriate for children who have acquired the developmental skills needed to distinguish between make-believe and reality. Themes and elements in this program may include mild fantasy violence or comedic violence, or may frighten children under the age of 7. Therefore, parents may wish to consider the suitability of this program for their very young children.



### **Directed to Older Children - Fantasy Violence**

For those programs where fantasy violence may be more intense or more combative than other programs in this category, such programs will be designated TV-Y7-FV.



### **General Audience**

Most parents would find this program suitable for all ages. Although this rating does not signify a program designed specifically for children, most parents may let younger children watch this program unattended. It contains little or no violence, no strong language and little or no sexual dialogue or situations.



### Parental Guidance Suggested

This program contains material that parents may find unsuitable for younger children. Many parents may want to watch it with their younger children. The theme itself may call for parental guidance and/or the program may contain one or more of the following: some suggestive dialogue (D), infrequent coarse language (L), some sexual situations (S), or moderate violence (V).



### Parents Strongly Cautioned

This program contains some material that many parents would find unsuitable for children under 14 years of age. Parents are strongly urged to exercise greater care in monitoring this program and are cautioned against letting children under the age of 14 watch unattended. This program may contain one or more of the following: intensely suggestive dialogue (D), strong coarse language (L), intense sexual situations (S), or intense violence (V).



### Mature Audience Only

This program is specifically designed to be viewed by adults and therefore may be unsuitable for children under 17. This program may contain one or more of the following: crude indecent language (L), explicit sexual activity (S), or graphic violence (V).

## **MUSIC**

Music listened to by clients may not be rated **Explicit**. Youth should not listen to music lyrics that may trigger a negative response. Youth are not allowed to download music from internet sites using agency computers.

## **COMPUTER USAGE/INTERNET ACCESS**

Allendale does provide **computer access for youth to use for educational, vocational, and recreational purposes**. Access to computers, networks and the Internet is given as a privilege to youth who agree to act in an appropriate and responsible manner abiding by the Universal Rules and Media Policy. Youth may not have access to the Allendale Wi-Fi password for any reason. Youth should not access inappropriate or controversial web sites (i.e.: violent, of an adult nature, illegal, promotes hate or dangerous acts, etc.). Youth are not allowed to utilize social media sites without Clinical Consultation team approval. Youth must have permission by staff to use the computer and must use their own computer logins assigned by IT. Youth may not share personal logins with other youth. Youth are not allowed to utilize cell phones for hotspot internet access.

Allendale recognizes that youth in care will be exposed to social media once out of our environment. For this reason, Allendale will offer an **Internet Safety course** annually.

**INTERNET SAFETY**

Youth are required to complete an internet safety course annually. This course will provide age-appropriate instruction on information that may include network etiquette, cyberbullying, identity/personal safety, privacy, and sexting.

**SOCIAL MEDIA**

**Regarding social media (Facebook, Twitter, Instagram, Snapchat, etc.),** student access to social media during school is not permitted. Youth may request use of social media during their Clinical Consultation for recreational purposes during after school hours. If approved, utilization would be allowed during recreational times for connecting with family, discharge resources, or friends. Staff would have access to youth accounts and may monitor social media usage to ensure appropriate usage. If youth are involved in conversation of an inappropriate or harmful nature, usage will be revoked.

**STUDENT EMAIL/ SOCIAL NETWORKING**

**Regarding email/social networking (LinkedIn, etc.),** student access to email and social networking may be beneficial for youth and can provide treatment ownership opportunities. If youth feel they need an email or social networking account, the youth will bring their request to their Clinical Consultation to discuss with their team. Once the youth is permitted to utilize an email or social networking account, staff would have access to the account for monitoring purposes. If youth are involved in conversation of an inappropriate or harmful nature, usage will be revoked.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date



**ALLENDALE  
CAEL SPORTS PARTICIPATION**

- Participation in the CAEL Sports Program is both a privilege and a responsibility. It is a privilege to develop your specific athletic skills with classmates in an organized setting.
- If your child is interested in participating in sports at Allendale through CAEL sports, please sign the permission slip below for the sports he/she is interested in. Allendale has a “no cut” policy.

The following rules are required from each athlete participating in games in the CAEL sports program.

1. I will demonstrate good sportsmanship at all times.
2. I will be a positive representative of my school at all games.
3. I will show that I can accept winning or losing a game in a gracious manner.
4. I will not use vulgar or objectionable language in school, at practice or at any athletic event.
5. I will follow all of the CAEL rules in order to participate on game day.
  - a. All school work is completed
  - b. Off of Privilege Lost and Major Restriction
    - i. The Core Team could also determine eligibility
  - c. Corrective Units and Free Time Loss completed
  - d. Off AWOL/HTO precautions for off-campus events
  - e. Demonstrate a positive attitude
  - f. Have completed a time off request from work

My child has permission to participate in the following sports. Check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Flag Football League H. S.    | <input type="checkbox"/> Chess League                  |
| <input type="checkbox"/> Flag Football League Jr. High | <input type="checkbox"/> Volleyball League HS          |
| <input type="checkbox"/> Basketball League H.S.        | <input type="checkbox"/> Volleyball League Jr. High    |
| <input type="checkbox"/> Basketball League Jr. High    | <input type="checkbox"/> Indoor Soccer League H.S.     |
| <input type="checkbox"/> Softball League H.S.          | <input type="checkbox"/> Indoor Soccer League Jr. High |
| <input type="checkbox"/> Softball League Jr. High      |  |



Allendale requires each student/athlete to be covered by accident insurance. The signature of the parent/guardian on the athletic clearance form (attached) certifies that, along with permission for the student to participate, that the parent/guardian accepts the responsibility of maintaining an insurance program to cover the student in the event of injury, that participation in the Allendale sports program is entirely voluntary, and acknowledges understanding that there are risks of injury as a result of participation. By granting permission for the student to participate in this program, the parent/guardian is agreeing to accept responsibility for the risks, and agrees to release and hold harmless the student's school, the School District and their employees and agents from any claims, demands, or causes of action arising from the child participating in the extracurricular program.

I have read the above rules and agree to abide by them. Should I not follow any rules, I realize I may be suspended from games and practices for the next scheduled event up to the remainder of the school year.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I (we) have read the above rules and will help the athlete in abiding by them.

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

\_\_\_\_\_  
Date



## School Medication Administration Policy

<b>Policy:</b> School Medication Administration Policy per School Code	<b>Date Issued:</b> 03/01/19; updated 02/10/2020 js
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Parents and Guardians should make every effort to administer medication at home, before/after school hours. If it is absolutely necessary to administer medication during school hours for the critical health and well-being of the student, then the following policy and procedures must be adhered to:

1. Medications are defined as all prescription and non-prescription pharmaceuticals and preparations. This includes but is not limited to over-the counter pain relievers, fever reducers, cough drops, eye drops, contact lens solutions, inhalers, allergy medication, skin ointments/lotions.
2. All medication-both prescription and non-prescription- must be delivered in original packaging to the school by the parent/guardian or other responsible adult.
3. Medication containers must be labeled with name of the student, the name of the medication, the dosage, and the time the medication is to be administered.
4. All medication is brought to the medication office where the exact amount of medication is counted and signed for by designated staff. The medication is locked in a designated cabinet in a locked room.
5. A written order or a copy of the prescription by the prescribing doctor is required in order to administer medication-both prescription and non-prescription.
6. A "Consent for the Administration of Medication" form must also be signed by the parent/guardian in order to administer medication.
7. A nurse will disburse medication or, if a nurse is unavailable, by an administrator or a staff member trained in medication administration designated by a school administrator and nurse.
8. It is the parent/guardian responsibility to inform the school or nursing department of any changes in medication or the student's health. Any changes in medication administered at school must be accompanied by a physician's order and parental/guardian medication consent form.
9. It is the responsibility of the parent/guardian to collect any medications from school when the student is no longer taking that particular medication. If it is not collected, medicines will be safely disposed of.

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## ALLENDALE ASSOCIATION/BRADLEY COUNSELING CENTER NOTICE OF PRIVACY PRACTICES

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THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.

PLEASE REVIEW CAREFULLY  
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US AND WE WILL ONLY RELEASE INFORMATION ABOUT YOU IN ACCORDANCE WITH STATE AND FEDERAL LAW.

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### USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment and health care operations. For example:

**Treatment:** We may use or disclose your health information to obtain payment for services we provide to you, including sharing information with others outside our agency that we may consult with or refer you to for services.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you.

**Health Care Operations:** We may use and disclose your health information in connection with our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your health information for treatment, payment or health care operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. You also have the right to request restrictions on disclosures of PHI (Personal Health Information), or alternative means of communication to ensure privacy.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

**Required by Law:** We may use or disclose your health information when we are required to do so by law or for national security activities. For example, we may provide your health information to law enforcement officials in order to comply with a court order or subpoena.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities when we suspect abuse or neglect.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders, i.e., voicemail, messages, postcards, letters.

## **CLIENT RIGHTS**

**Access:** You have the right to look at or obtain copies of your health information with limited exceptions. If you request copies, we will charge you a reasonable fee to locate and copy your information, and postage, if you want the copies mailed to you.

**Accounting for Disclosures:** You may request an accounting of any disclosures we have made related to your confidential information, except for information we used for treatment, payment or healthcare operations purposes or that we shared with you or your family, or information that you provided us specific consent to release. It also excludes information we were required to release. To receive information regarding disclosure made for a specific time period no longer than six years, please submit your request in writing to our Privacy Officer. We may charge you a reasonable fee for preparing the list.

**Amendment:** You have the right to request that we amend your health information if you believe that something in your record is incorrect or incomplete. To do this, contact the Privacy Officer and ask for the "Request to Amend Health Information" form. In certain cases, we may deny your request. If we deny your request for an amendment you have a right to file a statement you are in disagreement. We will then file your statement and our response in your record.

**Contacting You:** You may request that we send information to an alternative address or by alternative means. We will honor such request as long as it is reasonable and we are assured it is correct. We have a right to verify that the payment information you are providing is correct.

**Release of Records:** You may consent in writing to release of your records to others, for any purpose you choose. This could include your attorney, employer or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.

**Restriction on Record:** You may ask us not to use or disclose a part of the treatment information. This request must be in writing. The Agency is not required to agree to your request if we believe it is not in your best interest to permit use and disclosure of the information. The request should be forwarded to the Privacy Officer.

## **QUESTIONS and COMPLAINTS**

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may file a complaint with by using the contact information listed at the end of this Notice.

You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services, upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

**Privacy Officer:**

Lindzy Zaremba  
Employee Relations & Benefits Coordinator  
Extension 6217

**ALLENDALE ASSOCIATION/BRADLEY COUNSELING CENTER**

**CLIENT ACKNOWLEDGEMENT OF THE NOTICE  
OF PRIVACY PRACTICES**

**AND CONSENT FOR USE AND DISCLOSURE OF  
PERSONAL HEALTH INFORMATION**

\_\_\_\_\_  
Client's Name (Please Print)

\_\_\_\_\_  
Date

I, \_\_\_\_\_, acknowledge I have  
(Signature of Client or Parent or Legal Guardian)

either received a copy of Allendale Association's NOTICE OF PRIVACY PRACTICES or that  
Allendale Association's NOTICE OF PRIVACY PRACTICES was made available to me to receive.

I, \_\_\_\_\_, consent to the use of  
(Signature of Client or Parent or Legal Guardian)

my personal health information by Allendale Association for treatment, billing, payment and  
health care operations as outlined in the NOTICE OF PRIVACY PRACTICES.

# REQUEST TO AMEND PROTECTED HEALTH INFORMATION

Date Received: \_\_\_\_\_

Initials of Privacy Officer: \_\_\_\_\_

## SECTION A: Client to complete the following information

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

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

Client Address: \_\_\_\_\_

### REQUEST:

I hereby request that Allendale Association/Bradley Counseling Center amend my health information as follows:

Date(s) of information to be amended (i.e., date of visit, treatment, or other health care services)

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

The information is incorrect or incomplete in the following manner:

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

The information should be amended as follows:

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

I understand that Allendale Association/Bradley Counseling Center may or may not supplement my record with an addendum based on my request. I also understand that Allendale Association/Bradley Counseling Center is not able to alter the original documentation in a record under any circumstances. Regardless of whether my request is granted or denied, I understand that this request will be made a part of my permanent Medical Record and will be sent as part of the Medical Record in response to any authorized requests for release of my Protected Health Information.

\_\_\_\_\_  
Signature of Client (12 years or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Authorized Representative

\_\_\_\_\_  
Date

**SECTION B: Agency to complete the following information**

Amendment has been:  Accepted  Denied

If denied, please check the reason for denial:

- PHI was not created by Allendale Association/Bradley Counseling Center
- PHI is not part of the client's designated record set
- PHI is not available to the client for inspection as required by federal law
- PHI is accurate and complete

Privacy Officer's Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Privacy Officer Date

\_\_\_\_\_  
Print name and title



**ALLENDALE ASSOCIATION/STEPPING STONE PROGRAM  
LAKE VILLA, ILLINOIS 60046**

**Consent for Administration of Medication**

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Birth date

The undersigned authorize Allendale/Stepping Stone Program to administer the following medication \_\_\_\_\_ at (time) \_\_\_\_\_ to \_\_\_\_\_ as part of his/her care and treatment at Allendale/Stepping Stone. Medications are administered under the direction of the Allendale/Stepping Stone school nurse.

As parent/guardian, I understand that any medication given to my child is done so only with my written consent and that I must supply the medication to be administered.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

Nursing Department Fax (847) 356-0364

T:\school\forms\consmedi  
Revised 08/15/00



## **Student Complaint/Grievance Procedures**

<b><u>Procedures</u></b>	<b><u>Date Issued</u></b>
Student Complaint/Grievance	Reviewed 3/4/19; reviewed 3/17/21

Allendale is committed to ensuring youth in our care feel safe and are able to easily express any concerns regarding their rights being protected, their treatment and/or the quality of services they are receiving.

The filing of a complaint/grievance will not in any way affect the quality, frequency, or continuance of services provided.

During the Intake Interview, Client Rights are discussed with the student and the parent/guardian and copies are provided in the consent packet. Also, during the Intake Interview, Allendale's internal Complaint/Grievance procedures are explained. Youth are informed of "Complaint/Suggestion" boxes available in each classroom. Students can also express concerns directly to their classroom staff, therapist, during community group, or they may request a meeting with a Credentialed Supervisor or School Administrator. If a complaint is reported to an aforementioned staff, the staff receiving the complaint will complete a complaint form and immediately forward to a School Administrator.

Contents from the Complaint/Suggestion boxes are collected and reviewed daily by the Allendale Safety/Risk Management department and distributed to a School Administrator. The School Administrator will look into the complaint and then meet with the student with a final disposition. Whenever possible and with agreement by the student, conflict resolution or relationship repair meetings will occur with the student and peer, or staff involved in the complaint and facilitated by a School Administrator.

Concerns of a serious nature will immediately be reviewed for Hot-Line reporting. Issues not taken by the DCFS Hot-Line will be reviewed internally. Complaints and/or concerns specific to behavior management will be forwarded to the Risk/Safety Management Department and a thorough investigation will ensue with recommendations immediately forwarded to a School Administrator for review and disposition.