

# STUDENT REGISTRATION FORM | CONNECTIONS ACADEMY EAST

20\_\_\_\_ - 20\_\_\_\_ School Year

*(Please fill out completely)*

Student's LEGAL Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Student Cell: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity/Ethnicities: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Parent/Guardian 1 Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian 2 Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian 1 E-Mail: \_\_\_\_\_ Parent/Guardian 2 E-Mail: \_\_\_\_\_

Child resides with:  Both Parents  Mother Only  Father Only  Other, Name/Relationship: \_\_\_\_\_

Legal Guardian:  Both Parents  Mother Only  Father Only  Other, Name/Relationship: \_\_\_\_\_

Emergency contact (other than Parent/Guardian): \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact (other than Parent/Guardian): \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ List

any medical concerns: \_\_\_\_\_ List

any Allergies (food, medication, environmental or NONE): \_\_\_\_\_

Medications @ Home (Name/Time/Amount) \_\_\_\_\_

Medications @ School (Name/Time/Amount) \_\_\_\_\_

Physical Restrictions: \_\_\_\_\_ Dietary Concerns: \_\_\_\_\_

Language spoken in home if other than English: \_\_\_\_\_

*If neither parent can be contacted in the case of serious injury or illness, I authorize the school to take such emergency action as may be deemed necessary, including transportation to a hospital or medical center.*

Guardian Date \_\_\_\_\_ Signature of Parent or \_\_\_\_\_

# STUDENT REGISTRATION FORM CONTINUED

Student's LEGAL Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

### **OUTSIDE AGENCIES INFORMATION:**

Is the student currently seeing a therapist (outside of school)?  YES  NO If "yes" please specify the following: Name of therapist: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Do we

have permission to contact this therapist?  YES  NO

If "yes" please complete a Consent to Release Information form.

Is the student currently seeing a psychiatrist (outside of school)?  YES  NO If "yes" please specify the following: Name of psychiatrist: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Do we have

permission to contact this psychiatrist?  YES  NO

If "yes" please complete a Consent to Release Information form.

Is the student currently involved in the courts?  YES  NO

Is the student currently involved with a probation officer?  YES  NO

If "yes" please list the probation officer's name: \_\_\_\_\_

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

Do we have permission to contact the probation officer?  YES  NO

If "yes" please complete a Consent to Release Information form.

### **INSURANCE INFORMATION:**

Name of Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Group/Policy Number: \_\_\_\_\_ Employer: \_\_\_\_\_

**THANK YOU FOR COMPLETING THIS FORM!**

**Connections Academy East**  
300 S. Waukegan Road Lake Forest Illinois 60045  
Phone ~ 224.544.5920  
Fax ~ 224.544.5921

**CONSENT TO RELEASE**

**EDUCATIONAL, MENTAL/PHYSICAL HEALTH AND LEGAL INFORMATION**

\_\_\_\_\_  
Name

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

**I authorize, and request, the free oral and/or written exchange of the following  
Educational, Mental/Physical Health and Legal information regarding the student named above:**

- Educational Reports & Information (e.g., Individualized Education Plans (IEP); Social/Developmental Histories; Progress Reports & Information; Disciplinary Reports; IWAS/SIS Data)
- Mental Health Information (e.g., therapeutic summaries; psychological evaluations; psychiatric reports; monthly progress reports to physicians, substance abuse evaluations and progress notes)
- Medical Reports & Information (e.g., medical/physical forms/reports; laboratory results)
- Re-release of records from physicians, mental health professionals, hospitals, partial hospitalization programs, and outpatient treatment programs which were obtained during the time the student was enrolled at our school

**TO/FROM:**

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

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

City, State, Zip: \_\_\_\_\_

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

Fax or E-mail: \_\_\_\_\_

**AND**

**Your Child's Home School District and its agents**

I further authorize the home school district and the agency/person listed above to release all said information to CAE.

I understand that this authorization will be valid from the date of signature, until September 30<sup>th</sup> of the following academic year (not to exceed 12 months). It is limited to only the information designated above, which will be released from, and to, only the individual(s), agencies and school(s) named herein. The purpose of this release of information is to assist in providing continuity of care. I understand that I have the right to revoke this consent at any time by submitting such a request in writing. I also understand that I have the right to inspect and copy the information disclosed. I understand that my refusal to consent to the release of the information specified above will prevent disclosure of such material to the individual(s) and school(s) named herein, and, as such, may reduce the accuracy and quality/completeness of care provided. I authorize the information to be released via e-mail, knowing there are risks to confidentiality in the use of e-mail.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student (if 12 years or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Connections Academy East**  
300 S. Waukegan Road Lake Forest Illinois 60045  
Phone ~ 224.544.5920  
Fax ~ 224.544.5921

**CONSENT TO RELEASE**  
**EDUCATIONAL, MENTAL/PHYSICAL HEALTH AND LEGAL INFORMATION**

\_\_\_\_\_  
Name

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

**I authorize, and request, the free oral and/or written exchange of the following Educational, Mental/Physical Health and Legal information regarding the student named above:**

- Educational Reports & Information (e.g., Individualized Education Plans (IEP); Social/Developmental Histories; Progress Reports & Information; Disciplinary Reports; IWAS/SIS Data)
- Mental Health Information (e.g., therapeutic summaries; psychological evaluations; psychiatric reports; monthly progress reports to physicians, substance abuse evaluations and progress notes)
- Medical Reports & Information (e.g., medical/physical forms/reports; laboratory results)
- Re-release of records from physicians, mental health professionals, hospitals, partial hospitalization programs, and outpatient treatment programs which were obtained during the time the student was enrolled at our school

**TO THE FOLLOWING:**

- The student's home school district # \_\_\_\_\_ and its agents       COOP \_\_\_\_\_       Other \_\_\_\_\_

**I further authorize the home school district and the organizations checked above to release all said information to CAE. I understand that this authorization will be valid from the date of signature, until September 30<sup>th</sup> of the following academic year (not to exceed 12 months). It is limited to only the information designated above, which will be released from, and to, only the individual(s), agencies and school(s) named herein. The purpose of this release of information is to assist in providing continuity of care. I understand that I have the right to revoke this consent at any time by submitting such a request in writing. I also understand that I have the right to inspect and copy the information disclosed. I understand that my refusal to consent to the release of the information specified above will prevent disclosure of such material to the individual(s) and school(s) named herein, and, as such, may reduce the accuracy and quality/completeness of care provided. I authorize the information to be released via e-mail, knowing there are risks to confidentiality in the use of e-mail.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student (if 12 years or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## Handbook Acknowledgement

I, the undersigned, acknowledge that I have read and understood the Connections Academy East **2026-2027 Student & Parent Handbook**.

I understand that the school has the right to change, modify, alter, or cancel any provision of the handbook without notice; and that this Handbook supersedes all policies, written or oral, that may have been in effect.

\_\_\_\_\_  
**Parent/Guardian Printed Name**

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

\_\_\_\_\_  
**Student Printed Name**

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

\_\_\_\_\_  
**Date**

\*This form must be signed and returned to the school office by September 25, 2026. It will be maintained in the student's file.

## Student Authorization For Acceptable Use Of Electronic Networks Form

I agree that I will follow Connections Academy East’s *Acceptable Use of Electronic Networks* when I use Connections Academy East electronic network. I understand that if I violate these rules I can be disciplined, which may include loss of computer network use and privileges, detention, suspension, expulsion, or other consequences.

I understand that:

- Information or files which I create, place, transmit, or receive through Connections Academy East’s electronic network may be opened, reviewed, copied, and used by school officials and/or their designees at any time they deem appropriate in connection with the protection of the network, the application or enforcement of any school policy or suspected violations of the law. There are no expectations of privacy with respect to any such information or documents, except as may be provided by applicable law governing the privacy of student records and information.
- Information or documents placed on Connections Academy East’s system may be lost or damaged.
- If, in violation of Connections Academy East *Acceptable Use of Electronic Networks* policies, I misuse the computer network or cause harm to the network or anyone else or their information or documents, such that it disrupts the operation of Connections Academy East; threatens the integrity and operation of the computer network; violates the rights of others; violates federal, State or local law; or is contrary to the behavior expectations of Connections Academy East; I will be responsible for paying for such misuse or damage as will my parents or guardian to the extent provided by applicable law.
- Once this completed authorization form is submitted, I will be held responsible to the terms of this *Acceptable Use of Electronic Networks Agreement* throughout my enrollment at Connections Academy East or any other Connections Organization school. If my computer network privileges are suspended or revoked, a new authorization must be submitted.

**Students:** By signing below, I agree to abide by the *Acceptable Use of Electronic Networks Agreement* and the related policies in the Student-Parent Handbook.

**Parent/Guardian:** By signing below, I certify that I have reviewed with my child the rules regarding use of Connections Academy East’s electronic network.

Student Name	Student Signature	Date
Parent / Guardian Name	Parent / Guardian Signature	Date

**Connections Organization**  
(Connections Day School, South Campus,  
New Connections Academy, Connections Academy East)

**SCHOOL INFORMATION,  
PARENTAL WAIVERS & CONSENT FORMS**

Please fill out this 7-page form completely **prior to** your child's first day of attendance and **turn it in to the Front Desk.**

**PLEASE NOTE: this form is double-sided and requires multiple signatures.**

**SCHOOL HOURS**

<b>August – May:</b>	Mondays, Tuesdays, Wednesdays & Fridays:	8:30 – 2:30
	Thursdays:	8:30 – 1:30
<b>Summer Term:</b>	Mondays, Tuesdays, Wednesdays & Thursdays:	8:30 – 2:30

**FOOD**

Organic, nutritious, well-balanced lunches and healthy snacks are provided for all students. Please do not send any food to school with your child; this includes drinks, mints, gum, etc.

**LATE ARRIVALS & ABSENCES**

Please call the Front Desk to inform school staff, **prior to 8:00 am** on the day of your child's absence or late arrival, and *indicate whether you would like your child's absence to be **excused or unexcused.*** Office hours are from 7:30am – 3:30pm, but messages can be left for the Front Desk Staff at any time.

**LATE ARRIVAL & EARLY PICK-UP**

If you plan to bring in your child late or pick him/her up early, please notify the Front Desk Staff. In addition, when you arrive, you **must** come to the Front Desk and sign your child in or out. Students cannot be dropped-off or picked-up by anyone other than a parent/guardian or an **adult** who has been approved by his/her parent/guardian. Please fill-out the “Authorization for Alternative Transportation” form if this person will be dropping-off or picking-up your child on a regular basis and is not identified as a Parent or Emergency Contact on your child’s “Emergency Information Form”.

### **CABS/BUSES**

It is the responsibility of the parent to notify the cab/bus company of the following:

- If your child will be absent in the morning
- If you will be bringing in your child in late, but s/he still needs a ride home
- If you plan to pick up your child early from school

Your child’s school district will give you all of the transportation information you require, including the transportation company’s contact information. The Front Desk Staff can also provide this information to you at any time.

### **MEDICATION**

Absolutely **NO** medication will be given at school without written permission from a parent/guardian **and** doctor. This includes over-the-counter medication. Please see the “HIPPA Law and Your Child’s Medications” and “Authorization for Administration of Medication at School” forms for more detailed information about this subject.

### **INSURANCE**

Your Connections Organization School will not be liable for any accidents or injuries that occur while your child is at school, or any resulting medical bills. All families are encouraged to maintain either private insurance, insurance available through your public school district, or Medicaid/All Kids.

Your signature below acknowledges that you have read and understand the seven (7) statements above.

Signature of Parent/Guardian

Date

### **EDUCATIONAL SERVICE COLLABORATIONS**

In order to provide educational services for all students, The Connections Organization Schools collaborate with the Illinois State Board of Education, NWEA Measures of Academic Progress and Compass Odyssey. All student information provided remains confidential within these organizations.

Your signature below acknowledges that you have read and understand the statement above.

Signature of Guardian

Date

### **THERAPY & ASSESSMENT PROGRAMS**

The Connections Organization Schools provide extensive individual, group and family therapy services for all students as well as diagnostic testing services when needed. All therapy and testing is provided by qualified clinicians some of whom may be Doctoral or Master's-level Clinical Psychology students. Therapists-in-training are under the direct supervision of Licensed Clinical Psychologists and Licensed Clinical Professional Counselors on staff. The Connections Organization Schools are well-regarded clinical training sites for therapists in Illinois and beyond.

Your signature below acknowledges that you have read and understand the statement above.

Signature of Parent/Guardian

Date

### **SPECIAL TREATMENT TECHNIQUES**

The Staff at the Connections Organization Schools (Connections Day School, South Campus, New Connections Academy, and Connections Academy East) believe that a student's development will progress as long as the child experiences a supportive, structured, consistent, stimulating environment. When behavioral and/or emotional disabilities are impeding academic success, our staff utilize a variety of strategies to help the students learn the academic, social and emotional management skills necessary for success within the school environment.

Throughout the school day, the staff utilize a point sheet to acknowledge the positive, pro-social and notable efforts that each student makes. They also help the students to identify problems and areas of struggle, utilize the point sheet to explain why their behavior is impeding their ability to be successful in the classroom. They will point out the negative effects the problem is creating, suggest alternative behaviors and help the student practice these within a nurturing setting.

At times, the student may persist with disruptive or inappropriate behaviors. When this occurs, the student will be asked to leave the activity, but remain within the proximity of the group while taking a "break" in the hallway.

If the behavior continues to disrupt the group, the student may be referred to the Restorative Interventions and Supports RBIS) office for a more intensive level of support. Our Behavioral Intervention Specialists are trained in crisis intervention, conflict resolution, and teaching students the skills to better manage their impulses; more effectively get their needs met; and practice pro-social, appropriate ways to cope with and express their thoughts and feelings.

If a student is acting in a manner that indicates the possibility of physical harm to him/herself or others, it may be appropriate for the staff to engage in a “therapeutic hold” of the student in order to prevent this outcome. The safety and dignity of the child, as well as the safety of peers and staff, is of paramount importance in this process; and it is always as unobtrusive and brief as possible. Consistent staff training in crisis prevention and non-violent physical intervention techniques is provided by the Connections Organization and is required of all Staff Members. If a therapeutic hold is necessary to maintain care, welfare, safety, and security of students and staff, the following will occur:

1. A senior staff member will be present during the intervention
2. The school nurse and the student’s therapist will be notified
3. The school nurse or designee will conduct a wellness check
4. Parents will be notified the same school day
5. NCI paperwork will be completed including:
  - a. Restorative Intervention Referral Form (precipitating classroom events, antecedents, interventions used)
  - b. School Incident Report (narrative by all staff involved in the hold, including therapist, nurse, and senior staff member evaluating the child immediately after the hold)
  - c. Student Intervention Form (behavior intervention form completed by student)
6. The student’s team engages in a discussion of current behavioral concerns and an analysis of the effectiveness of the current Behavior Intervention Plan at the next Functional Behavioral Assessment meeting

The Connections Organization (Connections Day School, South Campus, New Connections Academy, and Connections Academy East) follows all procedures specified in the 23 Illinois Administrative Code C.H.I.S. Subpart B Section 1.285. At times, the nature of the threats to self or others may necessitate:

- Contacting an emergency assessment team who will evaluate for hospitalization; or referring the student and parent to a local Emergency Room so the student can be evaluated for hospitalization.
- Contacting the local Police Department
- Contacting the student’s psychiatrist, outside therapist, probation officer, caseworker, etc. for additional support.

- An informal parent meeting and/or formal staffing may be required prior to the student returning to school.
- Chronic threatening or aggressive behavior may also result in a careful assessment by the team as to whether or not the student continues to be appropriate for Connections Academy East.

We do not endorse the use of time-out/padded rooms, mechanical restraint or harsh/punitive interventions. The Connections Organization does not engage in therapeutic holding of a student as a consequence, or for any other reason aside from a clear indication that a student is a threat to him/herself or others. Overall, we believe that students can learn to act in a safe and appropriate manner with the positive guidance of nurturing adults, who adhere to the clear rules, boundaries and expectations established within the school.

Your signature below acknowledges that you have read and understand the Special Treatment Techniques outlined above.

Signature of Parent/Guardian

Date

### **DEPARTURE FROM SCHOOL WITHOUT PERMISSION**

The following steps will be taken when a student has been transported to school and then fails to enter the building, and/or leaves the school without permission:

1. Verbal warning to student about risks and consequences of elopement, if possible.
2. Call to Parent/Guardian.
3. School Staff will follow any student who leaves the building indefinitely
4. Local police may be contacted
5. A meeting may be required with School Staff, the school district and the Student and Parent prior to the student returning to school.
6. Chronic elopement behavior may also result in a careful assessment of whether the student continues to be appropriate for this school setting.

Your signature below acknowledges that you have read and understand the statement above.

Signature of Parent/Guardian

Date

### **MULTIMEDIA**

Periodically, photographs/videos are taken of students during classroom projects, on field trips, at Open House, Field Day, special events, and for the newsletter and yearbook. These photographs are ***never*** published in print/on video or any other medium except for the above school purposes, and are only utilized within the context of your Connections Organization School (Connections Day School, South Campus, New Connections Academy, or Connections Academy East). If you do not give your permission, your child will be separated from classmates during activities that are photographed or videotaped.

- I **DO** give permission for my child to be photographed/videotaped.
- I **DO NOT** give permission for my child to be photographed/videotaped.

Signature of Parent/Guardian

Date

### **FIELD TRIPS**

Periodically, students will be given the opportunity to participate in off-campus activities and events. All school rules apply at these activities and events. Please indicate below whether you do or do not give permission for your child to participate in field trip activities and events that take place within a 10-mile radius of the school. A separate field trip form will be sent for events that are more than 10 miles from school.

- I **DO** give permission for my child to travel within the 10-mile radius.
- I **DO NOT** give permission for my child to travel within the 10-mile radius.

Signature of Parent/Guardian

Date

### **PERMISSION FOR USE OF SUNSCREEN & INSECT REPELLANT**

As long as the weather permits, our physical education program includes going outside. In an effort to be mindful of our students' health and possible sensitivities, we offer the option of having your child protected with sunscreen and/or insect repellent. Ideally, these products would be applied prior to the student coming to school. You may also supply your own product(s) for use at school. Any products brought from home will be kept locked in the nurse's office.

Please indicate by using the check-boxes below whether or not you give permission for your child to use these products at school. Please keep in mind that students will go outside without sunscreen or repellent unless this authorization is provided.

### **Sunscreen**

- YES**, my child may use sunscreen at school at school       **NO**, my child may not use sunscreen at school

**Insect Repellent**

- YES**, my child may use insect repellent with DEET at school (6-7% DEET)
- YES**, my child may use insect repellent applied **without** DEET at school
- NO**, my child may not use insect repellent at school

Signature of Parent/Guardian

Date

Connections Academy East

Consent to Audio/Video Tape

I authorize the taping of my child (print name), \_\_\_\_\_ in psychotherapy sessions. I understand that these tapes will be used as a part of my child's treatment plan, and by my child's therapist for clinical supervision and teaching/training purposes with other therapists and student therapists. I understand that although my child's voice may be audible and/or likeness may be visible, his/her full name will not be used, and all listeners/observers will have a professional obligation to treat the material confidentially. I agree to the use of this tape in the following way(s) – please check (X) as appropriate:

\_\_\_\_\_ For formal supervision and/or training within Connections Academy East and our parent company, Counseling Connection.

\_\_\_\_\_ For formal supervision and/or training at the student therapist's graduate program.

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

\_\_\_\_\_ For formal supervision and/or training at a specified site (from the 4 listed above).

Name of Site(s): \_\_\_\_\_

This consent will remain valid for one year from signature (unless withdrawn sooner), and may be reauthorized only by signing a new consent form. Upon expiration of this agreement, I request that – please check (X) as appropriate:

\_\_\_\_\_ The tape be destroyed.

\_\_\_\_\_ The tape be maintained in a confidential library for use as a training tool at Connections Academy East, and Counseling Connections, and will not require additional signed consent for its use. Any other use of this tape will require signed consent for its specific use.

This consent is limited only to the information designated above, and will be used exclusively by the individual agencies and schools named herein. The purpose of this consent is to assist in providing treatment for your child; and training and supervision for student therapists. I understand that I have the right to revoke this authorization at any time by submitting such a request in writing. I also understand that my refusal to consent to audio/video taping will not interfere with my child's treatment, or education, in any way.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student (if 12 years or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**Connections Academy East**  
**300 South Waukegan Road**  
**Lake Forest, IL 60045**  
**Phone: 224-544-5920 Fax: 224-544-5921**

**Authorization for the Administration of Medication at School**

Student Name \_\_\_\_\_

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

Address \_\_\_\_\_

**PHYSICIAN'S ORDERS:** I hereby request that the school nurse, or authorized personnel, administer the medication(s) identified below, as it is medically necessary to do so during school hours.

Medication \_\_\_\_\_

Dose \_\_\_\_\_

Time(s) \_\_\_\_\_

Medication \_\_\_\_\_

Dose \_\_\_\_\_

Time(s) \_\_\_\_\_

Medication \_\_\_\_\_

Dose \_\_\_\_\_

Time(s) \_\_\_\_\_

Medication \_\_\_\_\_

Dose \_\_\_\_\_

Time(s) \_\_\_\_\_

Medication \_\_\_\_\_

Dose \_\_\_\_\_

Time(s) \_\_\_\_\_

**Duration of Use:** (start date - end date-not to exceed 12 months) \_\_\_\_\_ to \_\_\_\_\_

Condition(s) Requiring Medication(s) \_\_\_\_\_

Possible Side Effects \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

**PARENT PERMISSION:** I hereby give permission to the school nurse, or authorized school personnel, to administer the medication(s) ordered by the physician to the above-named student.

**This student is also taking the following medication(s) at home ~ please write dosages & time(s) taken for all prescription and OTC medications:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*I have read and understand the "Medication Policies and Procedures" regarding the administration of medication at school.\*

Parent's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**\* See "Medication Policies and Procedures" on back\***

## Connections Organization Medication Policies and Procedures

(Revised 6.25.23)

Whenever possible, the parent or guardian should make arrangements for medication to be administered at home, before and/or after school hours. If a student's physical health and/or emotional wellbeing require the administration of medication during school hours, then the school policies and procedures are as follows:

- 1) Medication(s) are defined as all prescription and non-prescription (over the counter) pharmaceuticals and preparations. This includes but is not limited to; pain relievers, fever reducers, cough drops, eye drops, contact lens solutions, inhalers, allergy medications, skin ointments/lotions.
- 2) Medication will not be administered at school without a written physician's order and written parent/guardian permission on our school Authorization for the Administration of Medication form.
- 3) Prescription medication must be provided in the original pharmacy or physician labeled container clearly marked with the student's name and directions for use. Over the counter (OTC) medications must be in the original manufacturer's packaging and clearly marked with the student's name.
- 4) It is the parent/guardian's responsibility to provide the school with any and all medications/preparations that have been authorized to administer.
- 5) All student medications (prescription and over the counter) must be **delivered to school by the parent, guardian, or other responsible adult approved by the school administration. The student may not bring in medication, and medication is not to be brought in by the driver of transportation.** You may deliver medications:
  - a) To the school Monday thru Friday, 7:30am to 3:30 pm (Mon. – Thur. during summer session).
  - b) Once per month at Parent Night.
- 6) All medications, which are taken during school hours, will be locked in the nurse's office. An exception may be considered for bronchial inhalers with physician orders and parent permission.
- 7) The parent/guardian must assume responsibility for informing the school of any change in the student's health, or medications. Written Physician Orders and Parent Permission must accompany changes in medication given at school.
- 8) The school will act based on the health and medication information provided by the parent/guardian and health care provider(s). It is expected that the information provided is accurate, complete and up-to-date and that any changes will be communicated to the school in an expedited manner.

## SPECIAL TREATMENT TECHNIQUES

The Staff at Connections Academy East believe that a student's development will progress as long as the child experiences a supportive, structured, consistent, and stimulating environment. When behavioral and/or emotional disabilities are impeding academic success, our staff utilize a variety of strategies to help the students learn the academic, social and emotional management skills necessary for success within the school environment.

Throughout the school day, the staff utilize a point sheet to acknowledge the positive, pro-social and notable efforts that each student makes. They also help the students identify problems and areas of struggle, utilizing the point sheet to explain how their choices are impeding success in the classroom. The staff work with students to process any problematic effects, identify alternative practices, and help the students apply these within a nurturing setting.

At times, students may require a high level of intervention and support. When this occurs, students are given the opportunity to temporarily leave the activity in order to manage their high level of stress before returning. Students who struggle to advocate for their needs may require guidance, prompting, or directives by staff members to take this restorative break.

If a student's needs continue to be so intense that they cause more disruption to the group, the student may be referred to Restorative Interventions and Supports (RIS) for a more intensive level of support. Our Intervention Specialists are trained in crisis intervention, conflict resolution, and methods of managing a student's high level of emotional stress. The Intervention Specialists are skilled at teaching students to better manage their impulses; more effectively get their needs met; and practice pro-social, appropriate ways to cope with and express their thoughts and feelings.

If a student's level of distress indicates the possibility of immediate physical harm to him/herself or others, it may be appropriate for the staff to engage in a therapeutic physical management of the student in order to prevent this outcome. The safety and dignity of the child, as well as the safety of peers and staff, is of paramount importance in this process; and it is always as unobtrusive and brief as possible. Consistent staff training in crisis prevention and non-violent physical intervention techniques is provided by Connections Academy East and is required of all staff members.

If any therapeutic physical management is necessary to maintain care, welfare, safety, and security of students and staff, the following will occur:

1. A senior staff member will be present during the intervention
2. The school nurse and the student's therapist will be notified
3. The school nurse or designee will conduct a wellness check
4. Parents will be notified the same school day
5. NCI paperwork will be completed including:

- a. Restorative Intervention Referral Form (precipitating classroom events, antecedents, interventions used)
  - b. School Incident Report (narrative by all staff involved, including the therapist, nurse, and senior staff member evaluating the child immediately after the hold)
  - c. Student Intervention Form (processing form completed by student)
6. The student's team engages in a discussion of current concerns and an analysis of the effectiveness of the current Restoration Plan at the next Functional Behavioral Assessment meeting

Connections Academy East follows all procedures specified in the 23 Illinois Administrative Code C.H.I.S. Subpart B Section 1.285. At times, the nature of the threats to self or others may necessitate:

- Contacting an emergency assessment team who will evaluate for hospitalization; or referring the student and parent to a local Emergency Room so the student can be evaluated for hospitalization.
- Contacting the local Police Department.
- Contacting the student's psychiatrist, outpatient therapist, probation officer, caseworker, etc. for additional support.
- An informal parent meeting and/or formal staffing may be required prior to the student returning to school.
- Continuing unsafe situations may also result in a careful assessment by the team as to whether or not the student continues to be appropriate for Connections Organization School.

It is important to note that we do not endorse the use of time out rooms, mechanical restraint or harsh/punitive interventions. Staff do not engage in physical interventions with a student as a consequence or punishment. Highly trained staff members use these techniques as a last resort to ensure the safety of all students and staff members. We believe that students can learn to act in a safe and appropriate manner with the positive guidance of nurturing adults, who promote clear rules, boundaries and expectations within the school.

SPECIAL TREATMENT TECHNIQUES

*Signature page*

We thank you for taking the time to read and review the Special Treatment Techniques of our school. If you have any further questions, please contact your principal.

Your signature below acknowledges that you have read, understand, and have received a copy of the Special Treatment Techniques outlined above.

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Signature of Parent/Guardian

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Date



## WAIVER AND RELEASE OF LIABILITY

### PLEASE READ CAREFULLY BEFORE SIGNING

The organization listed on the signature page hereto has agreed to become involved in one or more current or future events (collectively, the "Event") with Paws for Patrick (the "Organization"). The undersigned has agreed to sign this Waiver and Release of Liability on behalf of each participant (a "Participant") as a condition to the Event.

#### Dog Safety Information

Each Participant acknowledges and agrees that there are inherent risks in working with a dog. Each Participant has full knowledge of the nature and extent of all risks associated with dogs, including but not limited to (1) dogs are unpredictable and they may bite or otherwise injure the Participant, its relatives, guests or others, causing bodily injury without warning, (2) dog behavior is unpredictable and, besides injury to people, dogs may cause injury to other animals, as well as property damage, without warning, and (3) dogs are different from humans in their response to human actions.

Each Participant further acknowledges that the above list is not inclusive of all possible risks associated with dogs and the above list in no way limits the extent or reach of this Waiver and Release of Liability. Each Participant also understands that the Organization and owner of the dog have not made any warranty or representation, either express or implied, as to the nature, behavior, fitness or health of the dog.

Assumption of the Risk. Each Participant acknowledges and understands the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death exist.
2. Each Participant knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties (as defined below).
3. Each Participant hereby knowingly assumes the risk of injury, harm and loss associated with the Event, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.
4. Each Participant acknowledges and agrees that many risks are inherent in working with dogs. In addition to the risks stated elsewhere herein, personal injury (including death) or property damage may occur as a result of certain animal behaviors, including without limitation biting, jumping, running, quickly walking, pulling on leashes, not responding to commands, stepping on individuals, unpredictable

reactions to sounds, or sudden movements due to unfamiliar objects, persons or animals.

### Photo Release

When a Participant participates in the Event, photography, audio, and video recording may occur. The Organization reserves the right to use, release, publish, exhibit, or reproduce any photograph, audio or video recording taken during the Event, without the expressed written permission of those included within such photograph, audio or video recording. The Organization may use the photograph, audio or video recording in publications or other media material produced by the Organization including, but not limited to, brochures, websites, invitations, social media posts, etc.

By agreeing to these terms, each Participant is granting the Organization the ability to use, copy, modify, distribute, publicly display, publish, transmit, repurpose, and commercialize the photograph, audio or video recording in any and all media or form of communication whether now existing or hereafter developed, without obtaining additional consent, without restriction or notification, and without compensating the Participant in any way. All negatives and positives, together with prints, slides, digital images, etc., are owned by the Organization.

To ensure the privacy of individuals and children, images will not be identified using full names or personal identifying information without written approval from the photographed subject, parent or legal guardian. Any person not affiliated with the Organization may not use, copy, alter, modify or otherwise reproduce in whole or in part, the Organization's photographs, audio or video recordings or other reproductions without advance written permission of an authorized designee from the Organization.

By participating in the Event, or by failing to notify the Organization in writing to the contrary, each Participant is agreeing to release, defend, hold harmless and indemnify the Organization and its officers, directors, employees and representatives from any and all claims involving the use of the Participant's picture or likeness. Each Participant further releases the Organization and its officers, directors, employees and representatives from any liability connected with the taking, recording, digitizing or publishing and use of interviews, photographs, computer images, video and/or sound recordings. By participating in the Event, each Participant waives all rights it may have to any claims for payment/royalties in connection with any use, exhibition, streaming, televising, web publishing, or other publication of these materials, regardless of the purpose or sponsoring of such use, exhibiting, broadcasting, or other publishing irrespective of whether a fee for admission or sponsorship is charged. Each Participant also waives any right to inspect or approve any photograph, audio or video recording taken by the Organization or person/entity designated to do so by the Organization.

Absent a request by an individual to not be photographed, the Organization will not ask for any additional consent to use or make public any photograph, audio or video recording taken at the Event. In addition, the Organization is not responsible for the use or disclosure of any personal information that a Participant voluntarily discloses.

Each Participant further releases, discharges, and holds the Organization harmless from any liability arising from any blurring, distortion, alteration, optical illusions, use in composite form, or defect of or in such Participant's picture, portrait, photograph, or other likeness of such Participant, whether intentional or otherwise, that may occur or be produced in the taking of said picture, portrait, photograph, or other likeness of such Participant through completion of the finished version(s).

Each Participant also waives any right to inspect or approve any photograph, audio or video recording taken by the Organization or the person or entity designated to do so by the Organization. Each Participant has been fully informed of this consent, waiver of liability and release before commencing the Event.

Waiver and Release

Each Participant agrees to waive any and all liability, claims and demands, known or unknown, of every kind that such Participant has or may have in the future or which any of such Participant's heirs, guardians, legal representatives, successors, assigns or any other person or entity acting or purporting to act on such Participant's behalf (the "Releasing Parties") have or may in the future have against the dog, the owner(s) of the dog, the Organization and its affiliates and their respective employees, officers, directors, managers, independent contractors, owners, successors, agents, assignees or any of the them (the "Released Parties"), either in law or at equity, to the fullest extent permissible by law, including but not limited to damages or losses caused by the negligence, fault or conduct of any kind on the part of the Released Parties, including but not limited to death, bodily injury, damage to property, accident, illness, economic loss, or out of pocket expenses, or loss or damage to property which arise or may hereafter arise from a Participant's participation in the Event.

The Releasing Parties understand that this means that the Releasing Parties can never bring any civil, criminal, administrative or other complaint, charge or lawsuit of any kind against the Released Parties and that the Released Parties may use this document as a complete defense against any such complaints, charges or lawsuits brought by the Releasing Parties. If the Released Parties incur any attorneys' fees or costs in asserting its rights under this Waiver and Release of Liability, the Releasing Parties will reimburse the Released Parties for such attorney fees and/or costs.

The Releasing Parties also understand that the law normally prohibits the waiver of unknown claims. The Releasing Parties recognize, however, that the very nature of this document contemplates their waiving unknown, future claims. The Releasing Parties represent that they want to waive such unknown claims, and that they have had a sufficient opportunity to consult with an attorney of their choice before signing this document.

**[SIGNATURE PAGE FOLLOWS]**

By signing this Waiver and Release of Liability, the undersigned acknowledges that it has fully read and understands everything contained here and represents that it has the authority to bind each Participant to the terms hereof.

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Name of Organization

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Signature of Authorized Party on Behalf of Participants

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Print Name of Authorized Party on Behalf of Participants

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Date