

NORTHSHORE RECOVERY HIGH SCHOOL

112 SOHIER ROAD, BEVERLY, MA 01915

Student Information Packet

Student Information

Name:	Date of Birth:
Tel #:	Email:
Referred by:	Date:

Parent/Guardian Information

Name:	Name:
Primary Tel #:	Primary Tel #:
Secondary Tel #:	Secondary Tel #:
Email:	Email:
Home Address:	Home Address:
Lives with student: <input type="checkbox"/> YES <input type="checkbox"/> NO	Lives with student: <input type="checkbox"/> YES <input type="checkbox"/> NO
Place of Employment:	Place of Employment:
Primary Language:	Primary Language:
NOTES:	NOTES:

Education Information

School:	Required Paperwork:
Contact:	High School Transcript (incl. current year grades)
Title:	High School MCAS Scores
Tel #:	Current IEP or 504 Plan
Email:	Latest testing (if applicable)
Date Last Attended:	NOTES:
IEP: <input type="checkbox"/> YES <input type="checkbox"/> NO	
504 Plan: <input type="checkbox"/> YES <input type="checkbox"/> NO	

Substance Use Information and Treatment History *(most recent)*

Choice Substance:	Other Substances:
Age of First Use:	Sobriety Date:
Provider:	Dates:
Contact Name:	Required Paperwork
Tel #:	Discharge Summary/After-Care Plan
Notes:	

Mental Health Information

Mental Health Diagnosis:	
Currently seeing a counselor? <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES:
Counselor's Name:	Tel #:
Currently taking medications? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Prescriber's Name:	Tel #:

Legal/Custody Information:

DCF Worker:	Tel #:	DCF Custody? <input type="checkbox"/> YES <input type="checkbox"/> NO
DYS Worker:	Tel #:	
Probation Officer:	Tel #:	Open Court Case? <input type="checkbox"/> YES <input type="checkbox"/> NO

Health Information:

Doctor:	Required Paperwork
Tel #:	Immunization Record
	Current Physical (dated within the last 12 months)
Health Insurance Provider:	Notes:
ID Number:	

Additional Student Information

First Name:	Middle Name:	Last Name:
Cell #:	Email:	SASID:
City/Town of Birth:		
Primary Language:		
Race/Ethnicity: Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please choose: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian / Other Pac Islander <input type="checkbox"/> White		
Current Restraining Orders: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>In order to ensure compliance with current court orders, we request a copy of the active restraining order be attached to this form and submitted at the time of enrollment. We require current updates as needed.</i>		

CARE IN THE CASE OF EMERGENCY:

Contact Name	Relationship	Primary Phone	Secondary Phone
1.			
2.			
3.			

Additional Contact Information:

Name	Office Location	Phone Number
Guardian Ad Litem:		
Attorney:		
DMH:		
Community Service Agency:		
Other:		
Other:		

STUDENT HANDBOOK:

I understand that a copy of the Northshore Recovery High School Handbook is available online at <https://www.nsedu.org/schools/northshore-recovery-high-school/>. I have read this document and I understand that my son/daughter must adhere to all policies and procedures as listed in the handbook. If I have any questions, I will direct them to the Principal, Michelle Lipinski.

Signature of Parent/Guardian: _____

Consent to Release/Obtain Records/Information

Student Name:	DOB:
Parent/Guardian Name:	

I give my consent to the Northshore Recovery High School to release/obtain pertinent records (educational/ medical/psychological) by mail, fax or verbally, pertaining to my son/daughter, and authorize school personnel to speak with his/her physician/ therapist/ psychologist and/or outside agency in order to obtain information that will be helpful to his/her educational/emotional needs at Northshore Recovery High School.

Release To/Obtain From:	Tel #:
Address:	
Expiration Date:	

Information to be Released/Obtained (please check all that apply):

	Academic Records (Transcript, Report Cards, MCAS Scores)
	Special Education and/or 504 Plans
	Other School Information
	Psychological testing
	Treatment plans
	Psychosocial assessments
	Achievement testing
	Discharge testing/summaries
	Clinical interviews
	Consultation notes
	Other:

I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. I understand that I have a right to revoke this authorization by submitting said revocation in writing to the Northshore Education Consortium. I understand that the revocation will not apply to information that has already been released in response to this authorization.

Signature of Parent/Guardian: _____ Date: _____

Medical Information

Please list all the **student's allergies (medications, seasonal, food, etc)**. If student does not have any known allergies, please write "None".

Please list all the student's **medical problems or medical considerations**. If student does not have any, please write "None".

Authorization

In the event of an emergency, I hereby authorize Northshore Education Consortium or any physician or qualified person designated by the aforesaid parties to perform whatever interventions may be necessary for the preservation of life, limb or health of the above-named party. I also authorize Northshore Education Consortium, if necessary, to transport the above party by ambulance to a medical facility for emergency medical treatment.

Signature of Parent/Guardian: _____ Date: _____

Medication List – Medications Taken at Home

Student Name:	DOB:
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Does your child take prescribed or over the counter medication(s) at home: Yes No

If yes, please complete the following for each medication:

Name of Medication	Dose	Time of Day Medication Is Taken

Please sign below giving the school nurse permission to share this information with staff for your child's therapeutic benefit, health, and safety.

Signature of Parent/Guardian: _____ Date: _____

Permission to Treat

I give permission to the school nurse to administer the following medications to my child according to the established protocols. I have crossed out any products that I do not wish my child to receive.

- Ibuprofen (Advil)- dose according to child's weight for minor aches & pains
- Acetaminophen (Tylenol) - dose according to child's weight
- Bacitracin Ointment - as needed for cuts or scrapes
- Calamine Lotion - as needed to relieve itching from poison ivy, poison sumac and poison oak
- Hydrocortisone Cream 0.5% - as needed to relieve itching associated with minor skin irritations
- Benadryl - as needed for the temporary relief associated with insect bites, hives, and rashes
- Cough Drops - temporary relief of cough, sore throat, cooling nasal passages
- Tums - as needed for temporary relief of acid indigestion, heart burn or sour stomach

To the best of my knowledge, my child has no allergy/sensitivity to any of the above named products.

All other medications require a written order from a licensed prescriber (physician, dietician, nurse practitioner) and written parental permission (see next page).

I give permission to the school nurse to share with appropriate school personnel information relative to any described health concerns.

Signature of Parent/Guardian: _____ Date: _____

Medication List – Medications Taken During the School Day

Student Name:	DOB:
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I give permission to Northshore Education Consortium to administer the following medication(s) during the school day during the academic school year:

Name of Medication	Dose	Time of Day Medication Is Taken

Please sign below giving the school nurse permission to share this information with staff for your child's therapeutic benefit, health, and safety.

Signature of Parent/Guardian: _____ Date: _____

I understand that I must deliver the medication to the school and pick it up at the end of the school year. In addition, I also understand my child must not transport his/her medication unless it is secured in a locked box.

Signature of Parent/Guardian: _____ Date: _____

For Office Use Only

Nurse's Signature:

Date Received:

Comments:

Medical Order Form – Medications Taken During the School Day

(MUST BE COMPLETE BY LICENSED PRESCRIBER)

Student Name:		DOB:
Name of Licensed Prescriber:		Title:
Medication:		
Route of Administration:		Dosage:
Frequency:	Time of Administration:	
Specific Directions or Information for Administration:		
Date of Order:	Discontinuation Date:	
Diagnosis:		
Any other medical conditions:		

Optional Information:

Special side effects, contraindications or possible adverse reactions to be observed:
Other medications taken by this student:
The date of the next scheduled visit or when advised to return to prescriber
Consent for self-administration (provided the school nurse determines it is safe and appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Licensed Prescriber: _____ Date: _____

Student Name:
Parent/Guardian Name:

Athletic Consent and Release Form

I do hereby consent to my son/daughter's participation in physical education, athletic, or recreation programs of the Northshore Education Consortium.

I agree to forever release Northshore Education Consortium and all their employees, agents, board members, volunteers and any and all individuals and organization assisting or participating in physical education athletic or recreation programs of the Northshore Recovery High School from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly from personal injuries to my child or property damage resulting from my child's participation in the Northshore Education Consortium's athletic or recreation programs.

I further affirm that I have read this Athletic Consent and Release Form and that I understand the contents of this form.

Signature of Parent/Guardian: _____ Date: _____

Walking/Bus Permission

During the school year students will require permission to participate in a variety of educational community experience programs.

We would like your permission for your son/daughter to participate in the following experiences. Please specify any restrictions on the line indicated:

YES	NO	
		Walking trips (i.e. to recreational activities, stores, or academic activities, etc.)
		Bus or van trips (i.e. sporting events, museums, group activities, self-help activities, etc.)
		Staff vehicle (only to be used as an emergency option)

Signature of Parent/Guardian: _____ Date: _____

Student Name:
Parent/Guardian Name:

Photographs and Videotaping

In order to celebrate our successes and promote our school programs, we often take pictures of students that we would like to share within our schools or with the larger community. We would like your permission to photograph or record your child under the following conditions:

1. **Internal Use:** These pictures would only be used within our school program, for bulletin board displays, special events, etc.
2. **External Use: NEC Website, Facebook Page, Newsletter, Brochure, Professional Development Presentation or Local Media:** These pictures would capture positive experiences to share with the broader community. No names or identifying data would be used unless we ask your permission explicitly. NEC will never knowingly release images to social media sites over which we have no control.

I give permission for images of my child to appear in the following:

YES	NO	
		In-school displays, yearbooks, or other internal publications
		NEC website, NEC-controlled Facebook Page, NEC newsletter
		Local media

I understand that this consent is valid for my son/daughter’s enrollment unless I withdraw it in writing.

Signature of Parent/Guardian: _____ Date: _____

Transportation/Dismissal

All students under the age of 18 are asked to utilize the transportation plan arranged for them at the beginning of the school year or at their initial enrollment at Northshore Education Consortium. If there is to be a permanent change to this plan, it must be approved by your sending school district and the Director of the school. We strongly discourage any changes on a daily basis by students or their parents to their transportation plan, with the exception of one - time situations or emergencies. If this should occur, a student's counselor must be informed by their parent/guardian via phone and in writing, preferably a day in advance but no later than 9:00 a.m. of that particular day.

The person picking up the student must report in at the school office and show proper identification at the time of dismissal.

Signature of Parent/Guardian: _____ Date: _____