



Address: 410 Totten Pond Road,
Floor 2, Waltham, MA 02451
Main Office: 781-895-3200
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advancingmilestones.com

Dear Families,

It is very important that we have up to date consent forms for your children to begin school for the 2016/17 school year.

In addition to these forms we also require updated physical and dental exam forms each year. You can opt out of dental but we must receive a letter or email stating that you understand Milestones policy in regard to obtaining dental information but you have opted out of this requirement.

You can send the forms in your child's backpack or return them by mail, if you do send them with your child please email your case manager to be sure that we can obtain them from your child.

Thanking you in advance for your cooperation,

The Milestones Team!



Milestones Day School 2016-2017

Student's Name: _____

Date: _____

Please refer to the student handbook for more information about our policies and procedures. Initialing consents below indicates that you had an opportunity to ask questions, understand, consent/agree to Milestones' policies.

TRANSPORTATION/FIELD TRIPS: _____ (initial for consent)

I give my permission for Milestones, Inc. or a subcontracted transportation company to transport my child to and from activities, internships, trip, etc. I understand that if Milestones, Inc. uses their own vehicles, the only people permitted to drive are staff who have had a driver's license check. On buses, children do not use car seats/booster seats. I understand that field trips are a privilege, not a right, and that field trip privileges may be revoked at any time. I also understand that students who exhibit unsafe behavior 24 hours prior to a field trip may not be permitted to attend that particular field trip. In the event of an emergency, Milestones may transport my child by ambulance.

VALUABLES: _____ (initial for consent)

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

FAMILY DIRECTORY: _____ (initial for consent)

Each year Milestones, Inc. and/or the Parent Group provides contact information (name, address, email address, and phone number) in the form of a family directory which is given to all families at Milestones. This is a great way to help your child socialize outside of school and provides Milestones' Parents Group a way to contact you for events they sponsor. If you would like your family's information listed in the family directory, please initial above.

HEALTH EDUCATION: _____ (initial for consent)

I hereby give consent for my child to participate in age appropriate health education classes. These classes will include, but are not limited to, the following content: general medical health, nutrition, medication, drugs and alcohol, sex education (for children in 6th grade and older), education about my child's disability, and other general health/medical related topics. Parents have the right to view the curriculum at anytime by calling the executive director and scheduling an appointment. Parents also have the right to withdraw consent at any point by sending an email or letter to their case manager.



Student's Name: _____

Date: _____

MOVIES: _____ (initial for consent)

As a recreation activity, occasionally, Milestones, Inc.'s students watch a movie that we deem appropriate. Any child in 1st-5th grade is automatically only permitted to watch "G" rated movies. For children 6th grade and older, please indicate your preference for movie ratings and convey this to your child. I also understand that Milestones Parent Group shows movies as an elective activity in the evenings throughout the school year. This is a parent lead event and not part of Milestones, Inc. Based upon the movie choice parents pick for movie nights, parents may elect to bring their child or not.

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

TESTING/ASSESSMENTS: _____ (initial for consent)

At state mandated screening intervals, our school conducts testing for hearing, posture, vision (we also check BMI and physical fitness). These screenings do not replace your child's annual physical and should not be used as a substitute for an outside evaluation if you have any concerns. We also conduct periodic academic assessments (for example, academic achievement testing, Key Math, reading assessments, etc) as a way to measure progress for your child.

PARTICIPATION AGREEMENT: _____ (initial for consent)

I/We, the undersigned parent(s) or guardian(s) of the child listed above, a minor; do hereby consent to his/her participation in Milestones, Inc.'s activities and various day field trips throughout the year. I/We release and discharge Milestones, Inc. and its officers, employees, and agents (hereinafter collectively referred to "Milestones, Inc."), from any and all claims, damages, losses, or expenses of whatever kind or nature, I/We may have or acquired as the parent(s) or guardian(s) of said minor arising out of or resulting, directly or indirectly, from said minor's participation in activities or field trips. I do hereby give permission for my/our child to participate in all activities at Milestones, sponsored by Milestones, Inc., or events in connection with Milestones that utilizes its facilities. In addition to general activities, I also do hereby give permission for my/our child to take part in off campus trips, internships, or swimming related activities. For myself, family, and for my child, I hereby release Milestones and all of its officers, agents, and employees, from all claims, liability, loss, damage, and expense which may in any way arise from my child's participation in Milestones' programs including without limitation, all claims which my child, his/her parents or guardians may have for personal injuries to other persons which are caused by my child, or to my child of any kind or nature which may be caused by any act or omission of Milestones or any of its officers, agents, or employees.



Student's Name: _____

Date: _____

WEBSITE/MEDIA RELEASE: _____ (initial for consent)

Milestones uses various forms of media including photographs and videos of students for therapeutic, recreational, and advertising purposes. For example, students projects may be featured on the website, photographs or videos of students engaging in various activities may be used. Every month we upload different photographs/videos of students this is a great way to get a peek at what your child does during the day. I hereby authorize Milestones, Inc. to use my child's photo or videotape on the website. I understand that my child's specific diagnosis and other identifying information (such as last name, town, diagnosis, etc.) will never be listed. Because we do use video, there is likelihood that my child's first name might be used (i.e., if another student/staff refers to your child by name in the video, etc.). I release Milestones, Inc. and those acting pursuant to its authority from liability for any violation of any personal or proprietary right it may have in connection with use. I will make no monetary or other claim against Milestones, Inc. for the use of these photographs or video recordings. I understand that all such recordings, in whatever medium, shall remain the property of Milestones, Inc. I have read, fully understand, and agree to the terms of this release. I understand that I may withdraw consent at any time by sending a certified letter in writing to our main office.

FACEBOOK RELEASE: _____ (initial for consent)

Milestones uses various forms of media including photographs and videos of students for therapeutic, recreational, and advertising purposes. For example, student projects, trips or spotlights may be featured on Facebook, photographs or videos of students engaging in various activities may be used. Every week we upload different photographs and/or videos of students this is a great way to get a peek at what your child does during the day. I hereby authorize Milestones, Inc. to use my child's photo or videotape on Facebook. I understand that my child's specific diagnosis and other identifying information (such as last name, town, diagnosis, etc.) will never be listed. Because we do use video, there is likelihood that my child's first name might be used (i.e., if another student/staff refers to your child by name in the video, etc.). I release Milestones, Inc. and those acting pursuant to its authority from liability for any violation of any personal or proprietary right it may have in connection with use. I will make no monetary or other claim against Milestones, Inc. for the use of these photographs or video recordings. I understand that all such photographs or recordings, in whatever medium, shall remain the property of Milestones, Inc. I have read, fully understand, and agree to the terms of this release. I understand that I may withdraw consent at any time by sending a certified letter in writing to our main office.

YEARBOOK RELEASE: _____ (initial for consent)

Milestones uses various forms of media including photographs, stories and quotations of students for therapeutic, recreational, administrative and advertising purposes. A yearbook of students photographs, blurbs, stories about/regarding or quotes stated from students will be used to capture the year shared by students and staff alike. I hereby authorize Milestones, Inc. to use my child's photo, quotes or stories in their yearbook. I understand that I may withdraw consent at any time by sending a certified letter in writing to our main office.



Student's Name: _____

Date: _____

CHANGE OF STUDENT'S LEGAL STATUS: _____ (initial for consent)

I agree to inform Milestones, Inc. of any changes in a student's legal status, and of the results of all judicial and administrative proceedings concerning the student. I understand that unless Milestones is provided with legal paperwork regarding any issues that impact custody, both parents will receive communication from school.

COORDINATION/COLLABORATION WITH PUBLIC SCHOOLS: _____ (initial for consent)

DESE Mandated Policy

Milestones will maintain documentation and records of contracts, including but not limited to, telephone logs, correspondence, copies of contracts, and student specific reports. Student records shall be available to representatives of the sending school district for monitoring purposes. Milestones will adhere to the following procedures to ensure effective coordination and collaboration with all Public School Districts:

- (1) Milestones staff will work with school districts prior to placement to ensure that the program is able to provide the services on the student's IEP.
- (2) Milestones will work with school districts to ensure that the student's needs, as identified by the IEP and Team process, are met in an ongoing way.
- (3) Milestones will provide all sending school districts a written contract.
- (4) Milestones will coordinate and collaborate with the school district on all meetings to review and revise the student's IEP. No changes to the student's IEP or program will be implemented without the involvement and agreement of the school district and student's parents.
- (5) Milestones will work closely and continuously with the sending school district, student, and parents/guardians on IEP development, implementation, and play a significant role in the three (3) year eligibility determination process.
- (6) Milestones will provide written progress reports on a regular basis to all sending school districts.
- (7) Milestones will provide oral and written communication and documentation regarding all student related developments including matters involving students' behavior plans, functional behavioral assessments, behavioral incidents, and an imposition of discipline.
- (8) Milestones will ensure that all enrolled students participate in state assessment programs in accordance with the assessment participation information provided on the student's IEP.
- (9) Milestones staff will provide for all necessary accommodations needed for students as outlined by the student's IEP.
- (10) Milestones has in place flexible procedures customized for each student's needs to ensure that each student has maximum opportunity to gain the capacity to return to a less restrictive educational program.
- (11) Milestones staff work closely with the sending school district, student, and family, to ensure that preparations for the student turning age eighteen are begun at least a year in advance.
- (12) Milestones will ensure that all consents are obtained in a timely fashion to continue the special education program upon turning eighteen, either from the student or to ensure that another mechanism is in place to obtain consent.
- (13) Milestones will work closely with the sending school district, student, family, and any necessary state agency to ensure that adequate preparations are in place for later education and adult life needs.
- (14) Milestones and the sending school awards the student a diploma if all state and local regulations are met and the student has met the MCAS competency determination standards. Milestones may award a certificate of attendance if a student has met local and state guidelines but has not met the MCAS competency determination. This information will be shared with the LEA, parents/guardians, and the student.



Student's Name: _____

Date: _____

RESEARCH, EXPERIMENTATION, FUNDRAISING, PUBLICITY, OBSERVATION, REQUIRED NOTIFICATION: _____ (initial for consent) DESE mandated policy

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

BEHAVIOR MANAGEMENT: _____ (initial for consent)

It is of paramount importance that Milestones, Inc. keeps all students and staff safe from harm. I have read, agree to, and understand the behavior management policies of Milestones including, but not limited to, that Milestones uses physical restraint and timeout only when absolutely necessary to protect students or staff from harm. Milestones, Inc.'s standard behavior plan, which applies to all students, is called the "Response and Intervention Protocol" and this outlines our processes and policy regarding behavior. The full Response and Intervention Protocol is listed at the end of this consent form. Please read this document thoroughly. Withdrawal of consent for any and all components of the Response and Intervention Protocol could result in termination from Milestones, Inc. when the withdrawal of consent prevents Milestones from keeping students and staff safe from harm.

ANTI-BULLYING/ANTI-HAZING POLICY: _____ (initial for consent)

I have read, understand, and consent to Milestones' anti-bullying and anti-hazing policy. I understand that Milestones has a zero tolerance policy for bullying and hazing. Any student suspected of engaging in these activities will be subject to an investigation and, if found to have participated in bullying or hazing, is subject to consequences, including, but not limited to, suspension or expulsion from school.



Student's Name: _____

Date: _____

ELECTRONIC EQUIPMENT: _____ (initial for consent)

I have read, understand, and consent to Milestones' electronic policy. Due to student privacy issues, I understand that Milestones has a zero tolerance for students photographing, audiotaping, or videotaping each other outside the context of a group lesson administered by a Milestones' employee. I understand that if a student is found to have photographed, videotaped, or audiotaped a student without authorization, that student will not be permitted to bring any electronic devices that have taping/photography capacity to school indefinitely.

HANDBOOKS: _____ (initial for consent)

I am aware that Milestones keeps a policies and procedures handbook, which is kept at the front desk. I acknowledge that I can review these policies and procedures at any time. I also acknowledge that I have received a copy of the family handbook ** see below

Print name of Parent/Guardian _____

Relationship to the student: _____

Signature of Parent/Guardian _____



Student's Name: _____ DOB: _____

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I hereby authorize Milestones, Inc. to have two-way information sharing with the people/agencies listed below. Information may include:

_____ Medical, Psychological, Developmental, or Educational evaluations/records

_____ Diagnostic, Medical, Psychological, or Educational Testing

_____ Telephone Conversations

_____ Other (please specify) _____

Role	Person's Name	Phone Number
School District		
Pediatrician		
Psychologist		
Neuropsychologist		
Psychiatrist		
Occupational Therapist		
Speech Pathologist		
Other		
Other		

I have carefully read and understood the above statements and do herein expressly and voluntarily consent to disclosure of the above information and/or medical records, to those persons /agencies named above.

Print Name: _____ Date: _____

Signature: _____ Relationship: _____



EMERGENCY MEDICAL CARE

I, _____ hereby authorize the personnel of Milestones, Inc. to provide or
PARENT/GUARDIAN

Seek medical treatment for my child, _____ in the event of an emergency medical situation.

I understand I will be notified immediately by Milestones when and if any such emergency medical care is needed for this child.

I hereby authorize Milestones, Inc. to release information about my child to appropriate medical personnel in the event of an emergency and I also authorize medical or transport personnel to release information to Milestones, Inc. in the event of an emergency.

Milestones is permitted to release medical information to Milestones' staff members.

➤ _____
Signature of Parent/Guardian **Date**

CONSENTS TO ADMINISTER OVER-THE-COUNTER MEDICATIONS

I give permission for Milestones to administer any of the checked over--the--counter medications to my child:

BACITRACIN OINTMENT	___Y___N
BENADRYL	___Y___N
CALAMINE LOTION	___Y___N
IBUPROFEN	___Y___N
ACETAMINOPHEN	___Y___N
INSECT REPELLANT	___Y___N
SUNSCREEN	___Y___N

➤ _____
Signature of Parent/Guardian **Date**

MEDICAL AND ALLERGY INFORMATION 2016-2017 SCHOOL YEAR

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

Name of Pediatrician: _____ Phone Number: _____

Pediatrician's Address: _____

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

Policy #: _____ Group #: _____

Person who carries the insurance policy: _____

Relationship to child: mother _____ father _____ other _____

Does your child have any significant medical concerns and how is it treated or managed?

___ Diabetes ___ Asthma ___ Seizure Disorder ___ Heart Problems ___ Infectious Diseases

___ Bleeding/Clotting Disorders ___ Bowel/Bladder Problems ___ Hepatitis C ___ Other: _____

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

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

If your child has food allergies, is s/he permitted to participate in our cooking/tasting groups?

Milestones is allergy aware, but we cannot guarantee that all food groups do not contain allergens.

___ YES ___ NO

Menstruation:

If your child is female, has she begun menstruating? ____ YES ____ NO

If not, has she been told about it? ____ YES ____ NO

Medications and Supplements:

Does your child take any prescription or over the counter medications/supplements? ____ YES ____ NO

If yes, please list below:

Medication & Dose	Reason	Prescribing Physician	Does this medication need to be administered at school?
			__ Yes __ No __ Only on an “as needed” basis
			__ Yes __ No __ Only on an “as needed” basis
			__ Yes __ No __ Only on an “as needed” basis
			__ Yes __ No __ Only on an “as needed” basis

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

ADMINISTERING MEDICATION AT SCHOOL

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

1. Signed consent by the parent or guardian to give medication. Sign and date bottom of Physician's medication form.
 2. For all medications, signed physician medication order, to be renewed as needed (when there is a change in dosage, time) and at the beginning of each academic year.
 3. Signed Student Medication Form listing all medications your child is currently taking both at home and at school. Please include all medications such as EpiPen, Inhaler, and any allergies and nonprescription medications (such as vitamins, supplements, etc.)
-
- At the family's request, Milestones Day School will administer "First aid" medications. Any other types of medications (even if over the counter) will require a physician's order to administer.
 - All medications are required to be in a pharmacy or manufacturer labeled container with the child's name, prescribing physician (if medication is not over-the-counter), and directions. Law allows no more than a thirty-day supply of medication allowed at the school.
 - Children are not permitted to transport medication to and from school (except for an epipen or, in some cases, an Asthma inhaler). All medications are required to be delivered to the school by you or a responsible adult whom you designate (which can be your child's bus driver).



PHYSICIAN'S MEDICATION ORDER FORM

(to be completed by a licensed physician only if child takes medication at school, please print out one for each medication)

Name of Student: _____ **Date of Birth:** _____

Name of Licensed Prescriber: _____

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

Prescriber's Address: _____

Prescriber's Phone: _____

Name of Medication: _____

Reason Medication Is Prescribed: _____

Dosage: _____ **Frequency/Time of Administration:** _____

Medication should be discontinued: _____ **Specific date** _____ **Continue until otherwise specified**

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

Specific directions or information for administration: _____

Side effects, contraindications, or possible adverse reactions: _____

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

Directions for storage: in prescription bottle away from light in refrigerator other _____

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

Signature: _____ **Date:** _____

Parental Consent for medication to be administered at school **Date**