

WALNUT HILL

**STUDENT LIFE FORMS
FOR SECOND SEMESTER STUDENTS
2008-2009**

All forms in this booklet must be completed and returned
no later than January 20, 2009.

**This booklet contains important information for
Second Semester
Walnut Hill students
as well as registration and health forms*.**

All forms may be returned together to:

Walnut Hill School
Attn: Registration Materials / Melissa Cassel
12 Highland Street
Natick, MA 01760
508-653-9593

*Health forms contain confidential information. If you prefer to send them directly to the Health Center, you may detach them and send them separately to the School Nurse at the above address.

If you have any questions about completing this booklet, please contact us:

Student Life

Melissa Cassel at (508) 650-5029

Health Center

Rosalind Wyman, RN at (508) 650-5030



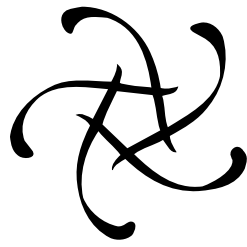
WALNUT HILL

SECOND SEMESTER STUDENT REGISTRATION BOOKLET

TABLE OF CONTENTS / CHECKLIST

We suggest that you use this checklist to keep track of those forms you've completed and those you still need to complete. When you've finished all the forms send them all together to the address on the cover.

<i>Forms to be returned:</i>	√
Student Arrival Information	
Student & Family Address Information	
Attendance Policy and Procedure (page 4 ONLY)	
Walnut Hill School Credo/Policy Agreement	
Massachusetts Anti-Hazing Statute	
Off-campus & Overnight Permissions	
"Charge Home" Authorization	
Authorization for Use of Name, Images and Recordings	
Information for Dorm Parents (boarding students only)	
Emergency Information (2 pages)	
Physical Therapy Credit Card Authorization	
Health Insurance Enrollment	
Student Health History (3 pages)	
Physical Examination (2 pages)	
Consent to Administer Medication	
Authorization for Release of Health Information	
Medication Order for Prescription Medications	



WALNUT HILL

Walnut Hill School -- 2008-2009 Calendar
(PLEASE RETAIN FOR REFERENCE THROUGHOUT THE YEAR)

<p>August 19 – ESL Orientation begins 22 – Leadership Students arrive 23 & 24 – Leadership Retreat 27 – New Students arrive 29 – Returning Students arrive 27-Sep 1 – New and Returning Student Orientation</p> <p>September 2 – First day of classes</p> <p>October 6 – Columbus Day, no classes held 24 & 25 – Family Weekend</p> <p>November 22 & 23 – Travel Days (Dorms close by 5pm 11/23) 23 - 28 Thanksgiving Break 30 – Travel Day (return to dorm by 6:45pm)</p> <p>December 1 – Classes resume TBA – Student Holiday Dinner 19 – Last day of classes 20 – Travel Day (Dorms close by 5pm) 21 – Jan 4 Winter Break</p>	<p>January 5 – Travel Day (return to dorm by 6:45pm) 5 – Professional Development Day 6 – Classes resume 19 – MLK Day, no classes held 30 – Last day of academic classes</p> <p>February 2 & 3 – Art classes and program day (Attendance required) 4 – Second Semester begins 16 – Presidents Day, no classes held</p> <p>March 6 – Last day of classes 7 & 8 – Travel Days (Dorms close by 5pm 3/8) 9 - 22 Spring Break 23 – Travel Day (return to dorms by 6:45pm) 23 – Professional Development Day 24 – Classes resume</p> <p>April TBA – Gala</p> <p>May 25 - Memorial Day, no classes held</p> <p>June 9 – Last day of classes 10 – Awards night 11 – Graduation (Dorms close by 5pm) (required for all students)</p>
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This calendar contains dates that are necessary for families to make travel arrangements well in advance. No students will be excused from classes prior to and returning from breaks.



WALNUT HILL

STUDENT ARRIVAL INFORMATION (PLEASE KEEP A COPY OF THIS INFORMATION)

Student Name: _____

Cell phone # the student will carry on the travel day: _____

■ _____ Second Semester Student January 26, 2009 (12:00pm – 4:00pm)

Students will not be permitted to move anything into their rooms before their designated arrival date

-- Do you require transportation from your point of arrival to Walnut Hill School on the designated arrival date?

Yes _____ No _____

If no, you are expected to arrive on campus via your own transportation on the designated arrival date during the registration periods noted above.

If yes, complete the remainder of form.

-- Students may be picked up by School Transportation at Logan Airport, at Logan Express (airport shuttle), or at the bus or train station. The cost of this transportation will be billed home.

-- In case of late arrival or difficulties, call (774) 286-9513.

BE SPECIFIC: FILL IN ALL INFORMATION REQUESTED.

I will arrive at Boston-Logan Airport

Airline _____

Flight # _____

Time of _____

Arrival _____

I would like to be picked up at Logan Airport. The fee for Pick-up at Logan Airport is \$75 (depending on time of pickup and number of students that can be picked up at the same time.) Upon arrival at Logan Airport, please claim your baggage and proceed to the outside limousine pick-up area. A van with a Walnut Hill sign will meet you there within one hour of your arrival at Logan.

I plan to take the Logan Express shuttle service to Framingham and would like to be picked up there. At the airport, The Logan Express shuttle stops at all terminals; the stops are located outside the main terminal doors. Logan Express costs \$12 from Logan to Framingham, and transportation from the Framingham stop to campus is about \$15. Upon arrival to Logan Express, the student should call JFK Transportation at (508) 653-4500 or Colonial Cab at (508) 653-5600 to request a pickup.

I will arrive by bus

Bus line _____

Pick-up location _____

Time of Arrival _____

I will arrive by train

Line _____

Pick-up location _____

Time of Arrival _____



STUDENT & FAMILY ADDRESS INFORMATION

Student First Name (Legal): _____ Student Last Name: _____
Student Nickname: _____ (please note the name you prefer to be called)

Student address information is needed ONLY IF it has changed since applying to Walnut Hill. If this information is the same, please leave this area blank.

Address: _____

Home phone: _____

All students at Walnut Hill are REQUIRED to have a cell phone. Please provide the cell phone number you plan to use during the school year. If this number is not yet known, please leave this area blank. Be sure to inform the School of this number at registration. STUDENTS WILL NOT BE ALLOWED TO STAY ON CAMPUS WITHOUT A CELL PHONE!

Cell phone: _____

Parent/Guardian #1: (Include Title)

Name: _____

Address (if different from student's):

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email : _____

Fax: _____ home work

Emergency contact? yes ___ no ___

Lives with student? yes ___ no ___

Receives report card? yes ___ no ___

Name shows on transcript? yes ___ no ___

Parent/Guardian #2: (Include Title)

Name: _____

Address (if different from student's):

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Fax: _____ home work

Emergency contact? yes ___ no ___

Lives with student? yes ___ no ___

Receives report card? yes ___ no ___

Name shows on transcript? yes ___ no ___

Custodial Parent: Parent #1 _____ Parent #2 _____ Joint _____ Other _____ (specify on the back of this form)

Person financially responsible: Parent #1 _____ Parent #2 _____ Other _____ (specify on the back of this form)

Please note that it is the policy of Walnut Hill to include both parents, regardless of marital status, in mailings and information sent from the School unless there is a court order prohibiting the transmission of information to one or both parties.



ATTENDANCE POLICY AND PROCEDURE

page 1

Walnut Hill's program depends on learning-by-doing; when a student misses a class period, they miss an experience that cannot be recreated. While the faculty do their best to help students who are unable to attend class for excused reasons, many class experiences cannot be replicated. Careful consideration needs to be given before a student misses a class for any reason as this choice will have unavoidable repercussions.

Attendance and Lateness Policies

Walnut Hill requires students to be in all classes on time every day. Classes begin at 8:00 a.m. and continue through the afternoon to 6:30 p.m.; academic classes meet until 2:00, after which time arts classes are conducted. Students must also attend all assemblies and each required performance.

Students may not miss classes for any reason, except with the permission of an appropriate school official. It is the responsibility of any student missing class for any reason to contact the teacher, find out about assignments, and review notes from other students so as not to fall behind. For extended absences, students must communicate directly with teachers in advance about missed work.

Faculty members are in constant communication with the Deans about student attendance. Students with chronic attendance problems will be asked to come before the Administrative Hearing with their adviser. Students and their parents/guardians are asked to review the School's Attendance Policy and indicate their acceptance of it by signing the attached acknowledgment statement.

Excused Absences

Students who miss class because of an illness, an appointment with a health professional, an audition or college visit, or a major family obligation may have their absences excused, with approval of the appropriate School official.

Students who become ill must go directly to the School Nurse. The Nurse may excuse students for the day. Day students must see the School Nurse prior to calling their parents, who will decide whether they may be excused. Parents of boarding students may not call in to excuse their child for illness.

Boarding students excused during the school day because of illness must be resting in their rooms – no common room, no downtown permissions, and no campus center. Students may not attend classes or rehearsals unless approved by the Health Center. Students may go to the dining hall for meals.

Day students who are unable to come to school on a given day must have their parents call the Attendance Line at 508.652.7821 on that day. Phone calls must be made by noon of the day on which the student is to be excused. After a 5th absence due to illness, consultation with the Dean of Students regarding necessary medical documentation is required.

Students giving evening recitals at the School may request to be excused from their afternoon arts classes, after their academic commitments are completed, on the day of the recital. All such requests must be directed to the Associate Head of School for the Arts.

If excused for illness in the morning, a student must be cleared by Health Center nurses to attend afternoon and evening classes and rehearsals. This requirement applies to both Boarding and Day students. Day students who come to campus after missing a class for illness must be cleared through the Health Center before 12 noon in order to attend afternoon or evening classes or rehearsals.

The Health Center will circulate a sick list in the late morning; students on the sick list may not attend classes or rehearsals without a note from the school nurse.

Medical Clearance:

Any student who has been told they may not participate in a school activity as a result of an injury or any other medical reasons may not resume participation in that activity without medical clearance by a physician. No Walnut Hill faculty member or parent may give permission to resume participation until clearance has been given by a physician. Questions regarding this policy should be addressed to the Associate Head of School for the Arts or the Dean of Students.

College/University Travel:

The expectation is that students will arrange their auditions to minimize the number of classes or days of school missed. Students must follow the Placement Office procedures to have absences excused, prior to leaving for auditions, or these will be unexcused absences.

Unexcused Absences

Students are expected to attend all scheduled classes, rehearsals, meetings, lessons, required performances, and other school commitments (referred to as *class* hereafter). If a student is absent for a class, the absence is considered unexcused until the student speaks with an adult to excuse the absence. Absences may be excused through the following four offices:



ATTENDANCE POLICY AND PROCEDURE

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-- *Student Life Office*

Melissa Cassel, Dean of Students	508-650-5029	mcassel@walnuthillarts.org
Katie Myer, Asst. Dean of Students	508-650-5023	kmyer@walnuthillarts.org

-- *Admissions and Placement* (Parents must excuse college visit or audition-related absences)

Admissions and Placement Reception	508-650-5020	admissions@walnuthillarts.org
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-- *Health Services* (School Nurses)

508-650-5030	rwyman@walnuthillarts.org
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-- *Music Department* (Music Faculty)

508-650-5024	(For music related absences ONLY)
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Absences are tracked on a two-week cycle (detail below). Students with outstanding unexcused absences at the end of the cycle must face the following consequences:

Unexcused absence consequences

First Unexcused Absence

If an absence is still unexcused at the end of the attendance cycle, a student must report to a **proctored Sunday morning detention on campus. Off campus plans do not excuse students from this obligation, and weekend permissions will only be granted accordingly by the student's dorm head.** 3 lates to one class count as an absence and carry the same consequence. Sunday Detention begins at 8:00am and lasts until 10:00 am. Chronic tardiness to Sunday morning detention will result in disciplinary consequences.

Second Unexcused Absence

If a student accrues a second unexcused absence, a boarding student will be confined to his or her room Friday night. A day student will attend a detention study hall during the academic day for one week.

Third Unexcused Absence

If a student accrues a third unexcused absence, a boarding student will be confined to his or her room for both Friday and Saturday nights and a day student will attend a detention study hall during the academic day for two weeks.

Fourth Unexcused Absence

If a student accrues a fourth or more unexcused absences in a semester he/she will have an Administrative Hearing and risk serious consequences, up to and including administrative withdrawal from school.

Grade Penalty

A portion of each academic grade is based on attendance. For each absence that remains unexcused, a point is taken off the final grade. Students may get absences excused at any time during a semester and avoid a grade penalty; however, if they are not excused by the end of the two week attendance cycle, students must still face the above consequences, whether or not the absence can be excused.

Class participation is an important percentage of the academic grade; more than a few excused absences will likely have a negative impact.

Skipping Sunday Detention, Dormitory Rooming or Study Hall

Missing Sunday detentions or failing to appear for other attendance consequences will result in an Administrative Hearing risking serious consequences, up to and including expulsion.

Excessive Absences

Students who accrue excessive unexcused absences will be reviewed by the Academic Dean and Dean of Students. Continued attendance difficulties will result in administrative withdrawal from Walnut Hill School.

Lateness

A student who arrives to class after the beginning of a class period without a note from an administrator, teacher, or staff member, is considered late. Three such incidences of lateness constitute one unexcused absence. Arriving more than 10 minutes late to a class without a note constitutes an unexcused absence. Students are urged to make the effort to get to class, even if they are more than ten minutes late; it is up the discretion of the individual teacher as to whether or not the grade penalty for an unexcused absence will still be applied. In addition, an unexcused absence will be given to any student who leaves a class before being dismissed.

Day parents may not excuse a student for being tardy to their first class of the day except in unusual circumstances and at the discretion of the Dean of Students or the Attendance Office.

No student may leave a class if the teacher is late, unless excused by an adult. If a teacher or another adult is not in the academic classroom at the time for class to begin, students should inquire with the Academic Dean or the Registrar.

Reporting of Attendance

Attendance reports are updated daily in the School's computer attendance system and advisors review attendance with their advisees periodically. **It is the student's responsibility to monitor his or her own attendance record.**

Attendance Cycle

A new cycle begins every week and overlaps with the one before it.

WEEK ONE:

Monday through Saturday: Any classes missed are reported by teachers. Students should speak with the appropriate adults about excusing any classes they have missed as soon as possible. Students who know they will be missing class are encouraged to get those absences excused ahead of time.

Absences and excuses are entered into the school's computer-based attendance system daily.

WEEK TWO:

Monday: By dinnertime, a list of students with outstanding absences is posted in various locations on campus and is emailed to all students.

Tuesday through Thursday 3pm: Grace Period Students have the opportunity to speak with adults about outstanding unexcused absences and secure excuses from an appropriate adult, if possible.

Thursday: By dinnertime, a list of students with outstanding unexcused absences, who must serve consequences, is posted, emailed to students, and distributed to dorm parents. After this list is posted, there will be no changes; students must serve the consequence even if they can get the absence excused later.

Friday, Saturday, Sunday and/or the following week: Students with unexcused absences in the cycle must serve their consequences:

Attendance Consequences

	1st absence	2nd absence	3rd absence	4th absence
Boarding Students	Sunday Detention (8am-10am)	Friday Rooming (7pm-11pm)	Friday & Saturday night Rooming (7pm-11pm)	Administrative Hearing
Day Students	Sunday Detention (8am-10am)	1 week of detention study hall	2 weeks of detention study hall	Administrative Hearing



ATTENDANCE POLICY AND PROCEDURE

I have read and understand the attendance policies and procedures for Walnut Hill students as outlined in this Registration booklet and in the Guide to Walnut Hill.

Student Name _____
(please print)

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



The Walnut Hill School Credo

Each member of the Walnut Hill community strives toward artistic, scholastic, and moral excellence. We are devoted to demonstrating respect in all phases of School life. Together we pledge ourselves to honesty, self-respect, compassion, and the active pursuit of learning. We will honor our community with conduct that enables us to celebrate our individual and collective achievements.

I affirm the Walnut Hill School Credo and agree to abide by its principles.

Student Name (please print)

Student Signature

Date



Agreement to Abide by Walnut Hill School Rules and Regulations

By enrolling in Walnut Hill School, all students and their parents agree to the disciplinary rules and procedures set out in the Guide to Walnut Hill, or as they may be modified and amended.

I have read and understood these rules and procedures.

Student Name (please print)

Date

Student Signature

Parent Signature



MASSACHUSETTS ANTI-HAZING STATUTE

Chapter 269

An Act PROHIBITING THE PRACTICE OF HAZING:

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the same, as follows:

Chapter 269 of the General Laws is hereby amended by adding the following three sections:

Section 17. Whoever is a principle organizer or participant in the crime of hazing as defined herein shall be punished by a fine of not more than one thousand dollars or by imprisonment in a house of correction for not more than one hundred days, or by both such fine and imprisonment.

The term "hazing" as used in this section and in sections eighteen and nineteen, shall mean any conduct or method of initiation into any student organization, whether on public or private property, which willfully or recklessly endangers the physical or mental health of any student or other person. Such conduct shall include whipping, beating, branding, a forced calisthenics, exposure to the weather, forced consumption of any food, liquor, beverage, drug or other substance, or any other brutal treatment or forced physical activity which is likely to adversely affect the physical health or safety of any such student or other person, or which subjects such student or other person to extreme mental stress, including extended deprivation of sleep or rest in extended isolation.

Section 18. Whoever know that another person is the victim of hazing as defined in section seventeen and is at the scene of such crime shall, to the extent that such person can do so without danger to himself or others, report such crime to an appropriate law enforcement official as soon as reasonably practicable. Whoever fails to report such crime shall be punished by a fine of not more than five hundred dollars.

Section 19. Each secondary school and each public and private school or college shall issue to every group or organization under its authority or operating on or in conjunction with its campus or school, and to every member, plebe, pledgee or applicant for membership in such group or organization, a copy of this section and sections seventeen and eighteen. An officer of each such group or organization, and each individual receiving a copy of said sections seventeen and eighteen shall sign an acknowledgment stating that such a group, organization or individual has received a copy of said sections seventeen and eighteen.

Each secondary school and each public or private school or college shall file, at least annually, a report with the regents of higher education and in the case of secondary schools, the board of education, certifying that such institution has complied with the provisions of this section and also certifying that said school has adopted a disciplinary policy with regards to the organizers and participants of hazing. The board of regents and in the case of secondary schools, the board of education shall promulgate regulations governing the content and frequency of such reports, and shall forthwith report to the attorney general any such institution which fails to make such report.

I acknowledge having read and understood Chapter 269, amended section seventeen and eighteen prohibiting hazing.

Print Student Name (in English)

Date

Signature of Student



OFF CAMPUS & OVERNIGHT PERMISSIONS

STUDENT NAME: _____ PARENT NAME: _____
 (please print)
 GRADE: _____ TELEPHONE (H): _____
 TELEPHONE (W): _____ TELEPHONE (C): _____

INTERNATIONAL STUDENT GUARDIAN INFORMATION:

NAME: _____ TELEPHONE (H): _____
 TELEPHONE (W): _____ TELEPHONE (C): _____

BOSTON PERMISSION

My son or daughter has my permission to go into the downtown Boston area: YES ___ NO ___

- Students who have permission to be in Boston are allowed to ride on public transportation: subways, buses and commuter rail.
- Students in Grade 9 must return on the **6:00 p.m.** (or earlier) train.
- Students in Grades 10 and 11 must return on the **8:30 p.m.** (or earlier) train.
- Students in Grade 12 only may return on the **11:00 p.m.** (or earlier) train.

WEEKEND OVERNIGHT PERMISSIONS:

**Students in Grades 9, 10, 11:
Standard Permissions Required**

Parental permission, by phone or FAX, is required on each occasion that a student will be away from campus overnight. If a student will be staying somewhere other than home, an invitation call from an adult at that place is also required.
EMAIL PERMISSIONS ARE NOT ACCEPTED

Permission and Invitation calls or faxes must be received by the school by 10pm on the Thursday before the weekend being planned.
EMAIL PERMISSIONS ARE NOT ACCEPTED.
Note: Walnut Hill School cannot accept responsibility for the whereabouts or safety of students off campus once permissions have been granted for an overnight stay.

**Students in Grade 12:
Please Select ONE of the following two options:**

I am granting BLANKET PERMISSION. This means that only an *invitation call* from the place the student is going for an overnight stay is needed; **if he or she is going home, a parent must make an invitation call.**

In the case of an overnight college visit where an invitation call is not possible, we require a call from a parent instead to confirm the student's plans.

I **do not** wish to grant Blanket Permission. This means that parental permission, by phone or FAX, is required on each occasion that a student will be away from campus overnight. If a student will be staying somewhere other than home, an invitation call from an adult at that place is also required.

DRIVING PERMISSIONS: My child has my permission to ride with:

WHS faculty/staff/parents YES ___ NO ___
 WHS students YES ___ NO ___
 Anyone YES ___ NO ___ (for Juniors or Seniors Only)
 Only the following: _____ phone: _____

BLANKET CONCERT PERMISSIONS: (Music students only) YES ___ NO ___
 Musicians often need to attend concerts that may run later than their dormitory check-in time and some occur on school nights. Students must also secure Music Department approval for each of these events.

Parent's Signature: _____ Date: _____



"CHARGE HOME" AUTHORIZATION

"Charging Home" is Walnut Hill's method of enabling students to pay for a variety of goods and services without having to carry out cash transactions every time. Examples of things a student has the opportunity to charge home might include bookstore items (food, textbooks, school supplies, clothing), student-run fundraising activities, student activities expenses, purchases at a local dance-supply store, yearbook purchases, and prom tickets. The minimum amount a student is allowed to charge home at a time is \$5.

These charges are billed to parents directly and are not deducted from a student's spending allowance, if one has been set up. Detailed statements of what has been charged home are included in the monthly bills that parents receive; students are not provided with statement information directly.

Since these charges will appear on your monthly bill, we are asking that you decide whether or not to grant your child permission to charge items home. If you do not give this permission, your child will be asked to pay cash at the bookstore, for student activities, etc. Please refer to the 2008-2009 tuition and fee schedule included with your contract for more information.

Charge Home privileges will end for the year on April 15, 2009. Parents should make a plan with their child for the provision of spending money after this date.

STUDENT NAME: _____
(please print)

GRADE: _____

My son or daughter has my permission to charge home:

Unrestricted: YES _____ NO _____

IF YES, STOP HERE AND SIGN BELOW

OR

School books & supplies: YES _____ NO _____

Student activities: (weekend events; Prom, etc...) YES _____ NO _____

Parent's Signature: _____ **Date:** _____



**AUTHORIZATION FOR USE OF NAME,
IMAGES, AND RECORDINGS**

I hereby authorize Walnut Hill to use my child's name, image, and any recording or facsimile of artwork produced by him/her during his/her time enrolled at Walnut Hill School for promotional purposes. I understand that this permission includes but is not limited to press releases, promotional brochures, electronic representations, and archival or promotional recordings.

Print student's name: _____

Parent/Guardian's Signature: _____ Date: _____



INFORMATION FOR DORM PARENTS (BOARDING STUDENTS ONLY)

Student's Name: _____ (Legal Name)

Name student prefers to be called: _____

Grade: _____ Birth date: _____

Contacts:

Parent/Guardian Name: _____ email: _____

Phone Number(s): H: _____ W: _____ C: _____

Parent/Guardian Name: _____ email: _____

Phone Number(s): H: _____ W: _____ C: _____

Another contact if parents are not available:

Name: _____ Relation: _____

Phone Number(s): H: _____ W: _____ C: _____

What do you think will be your child's biggest challenge in adapting to residential life this year at Walnut Hill? (i.e. having a roommate, homesickness, missing friends, etc.) How do you think it can be overcome?

Is your child outgoing or shy? What suggestions do you have if the dorm parents find it difficult to help him/her to open up?

Is your child used to a structured environment? If not, how do you think that he/she will adjust to the rules at Walnut Hill? Do you see any potential trouble spots (room cleanliness, curfews, etc...)?

What are some of your child's favorite things (foods, games, activities, etc.)?

Please comment on the back if there is anything else you would like to dorm parents to know.



EMERGENCY INFORMATION 2008-2009

This health record is to be completed by the parent(s) or guardian(s): please complete all sections. **THE SUMMER PROGRAM VERSION OF THIS DOCUMENT IS DIFFERENT AND CANNOT BE USED FOR THE SCHOOL YEAR.**

1. Address

Student's Full Name: _____ Birth Date: _____ SS#: _____

Student's Cell: _____

Student resides with: Both parents Parent #1 Parent #2 Guardian

Parent #1's Full Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone (h): _____ (w): _____ Cell: _____ fax: _____	Parent #2's Full Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone (h): _____ (w): _____ Cell: _____ fax: _____
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Guardian's Full Name (if applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (h): _____ (w): _____ cell: _____ fax: _____

2. Medical

Critical Medical Information

Date of last Tetanus Inoculation: _____

Allergies: _____

Pertinent Medical Information: _____

Although this information is recorded elsewhere, this particular form goes with the student to a doctor's appointment or the hospital in case of emergency. In many situations, time is of the essence and having critical information repeated here will speed up the process. **For this reason, please do not refer us to other information on file.**

3. Authorization

Authorization For Testing and Treatment of Minors

The undersigned hereby authorizes and grants the faculty/staff of Walnut Hill School permission to administer care and treatment for:

_____ (Full Name of Student)

I, _____ bearing the relationship of _____ (Name of Parent or Guardian) (Mother, Father, Legal Guardian)

and having legal custody of the above-named student, do consent to the performance of any and all diagnostic and therapeutic testing, procedures, care, (including, but not limited to, X-ray examination, anesthetic, medical or surgical treatment, drug screening, hospital care and psychological, psychiatric and academic counseling and testing) to be rendered to the minor under the supervision of Walnut Hill School. In that regard, I hereby appoint Walnut Hill School of Natick, Massachusetts, to act in my behalf in authorizing any and all of the testing, procedures and care given under this Authorization. I understand that I will be responsible for the cost of any tests, procedures or treatment performed hereunder.

I give permission for mandatory immunizations as required for school attendance by the School Immunization Law, Chapter 76, Section 15 of the general laws of Massachusetts.

Every effort will be made to contact the parent or guardian prior to any standard procedure. Only in an emergency would the school act prior to notifying the parents of any medical testing or treatment to be performed.

Signature of Parent or Guardian: _____ Date: _____

A photocopy of this form shall be as valid as the original



EMERGENCY INFORMATION 2008-2009

Student Name: _____

INSURANCE: Walnut Hill School requires that all students have comprehensive medical insurance, and that this information be provided each year.

-- If the student is an International Student, enrollment in the school sponsored insurance program is required. **International Students do not need to fill out the rest of this page.**

4. Insurance

--Domestic Students must provide ALL insurance carrier information below:

Name of Subscriber: _____ Subscriber Date of Birth ____ / ____ / ____

Is pre-authorization necessary for any type of treatment? Yes ____ No ____ Phone: _____

PRIMARY CARE PROVIDER : _____

Address: _____ Phone: _____

Please attach a photocopy of the front of the insurance card **in the space below**: (Please do not attach a full page photocopy to the back of this sheet.)

Front of insurance card here.

Please attach a photocopy of the back of the insurance card **in the space below**: (Please do not attach a full page photocopy to the back of this sheet.)

Back of insurance card here.

A photocopy of this form shall be as valid as the original



Dear Families,

At Walnut Hill we are very fortunate to have superior health care for all of our students through our on-campus health center. These services include top-rate nursing care, doctors available on and off campus, on and off campus counseling services and physical therapy on campus. The physical therapist we work with, Susan Kinney (Performing Arts Therapy) is a skilled and experienced clinician whose expertise is performance injuries. Susan has worked with Walnut Hill students for over 15 years and we firmly believe students receive the best therapy possible by a caring provider who understands our students and our programs 100%.

The cost of services for physical therapy is very reasonable -- \$80 for initial visits, \$60 for each visit thereafter. These rates are reduced compared to other provider rates. Traditionally these charges have been covered through our charge-home system with parental permission given at the start of the academic year.

As of December 1, 2008 this system will change and we will require a credit card number on file to which we will bill physical therapy charges on a monthly basis. This new system will provide easier follow up for you, smaller monthly statements from Walnut Hill and will allow families to claim miles or other benefits they receive through their credit cards. This has been a request made to us many times in the past and we are pleased to be able to provide it starting December 1st.

Please complete the credit card information on the next page and return it with the rest of the registration materials. Please feel free to contact me with any questions.

Sincerely,

Melissa Cassel
Dean of Students



CREDIT CARD AUTHORIZATION FORM – PHYSICAL THERAPY

Card Type: (circle one) Visa MasterCard AMEX

Credit Card Number: _____

Name as it appears on card: _____

Exp. Date: _____ Security Code: _____
(3 digit code on back of card)

Card Holder's phone: _____ Zip Code: _____

Card Holder's Signature: _____



WALNUT HILL

Dear Parent or Guardian:

Out of concern for the health and welfare of all our students and in compliance with the laws of the Commonwealth of Massachusetts, Walnut Hill School has established a policy that requires every student to be covered by a comprehensive accident and sickness plan. The cost of medical services in the United States is high and often students arrive on campus without insurance or without coverage that is acceptable to local hospitals, clinics or other practitioners.

All domestic students must provide proof of insurance through their parents. Students not covered by insurance will not be allowed to begin classes. **All international students** are required to and will automatically be enrolled in a school sponsored insurance plan. The cost will be billed home in the fall. Domestic students may enroll in a supplemental coverage program for 12 months by completing the insurance selection page in this booklet.

Specific plan information will be sent in future summer mailings. Please feel free to contact me with any questions, by phone or email.

Sincerely,

Melissa Cassel
Dean of Students



HEALTH INSURANCE ENROLLMENT 2008-2009

All families must choose one of the following options.

Student's Name: _____ Birth Date: _____ Social Security #: _____

[] PLAN I: Full coverage – Available only to and required of all International Students (\$1495.00)

Coverage: 8/15/2008 - 8/14/2009:

By enrolling in this plan I understand that:

- 1. All services provided through Health Services (except Nutrition and Physical Therapy services) will be covered up to the plan's maximum coverage amount.
2. Health Services will serve as my child's primary care provider.

[] PLAN II: Supplemental coverage – Available to Domestic Students only (\$600.00)

Coverage: 8/15/2008 – 8/14/2009

By enrolling in this plan I understand that:

- 1. I have primary insurance coverage for my child; I must include a photocopy of the front and back of my insurance card with these registration materials.
2. Supplemental coverage can help meet upfront deductibles and co-payments as well as other costs not met by my insurance plan.

[] CURRENT FAMILY INSURANCE COVERAGE ONLY – Domestic Students only.

I have my own insurance coverage and do not want to enroll my child in the supplemental school insurance plan.

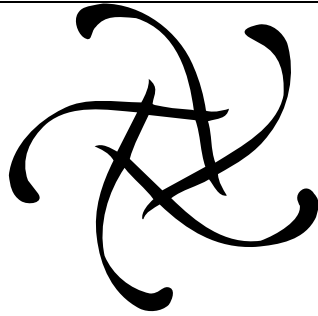
I understand that:

- 1. My insurance may not cover the services provided through Health Services (i.e. Physical Therapy, Sports Medicine, and Nutrition), so I may be billed directly for these services.
2. I must include a photocopy of the front and back of my insurance card with these registration materials.
3. It is my responsibility to find my child a primary care provider in the local area.
4. It is my responsibility to verify pre-authorization for services my child may require.

Parent Signature _____ Date _____

DO NOT SEND PAYMENT WITH THIS FORM.

You will be billed for insurance through the Walnut Hill business office.



WALNUT HILL

**STUDENT MEDICAL FORMS
FOR SECOND SEMESTER STUDENTS
2008-2009**

All forms in this booklet must be completed and returned
No later than January 20, 2009.

All forms from this point forward contain medical information which is confidential. If you prefer to send these directly to the Health Center, you may detach them and send them separately to:

Rosalind Wyman, RN
Attn: Registration Materials
Walnut Hill School
12 Highland Street
Natick, MA 01760

Otherwise, all forms should be returned together to:

Walnut Hill School
Attn: Registration Materials / Melissa Cassel
12 Highland Street
Natick, MA 01760

If you have any questions about completing this booklet, please contact us:

Rosalind Wyman, RN at (508) 650-5030



Dear Parents,

Health Services works closely with students, parents, and other adults at Walnut Hill to make sure that all students have a safe and successful year. Following this letter you will find all forms needed to complete your Health Services registration. These are requirements to ensure the health and safety of each student.

The following items must be completed and documented on the forms supplied:

1. **Physical Examination** completed by a licensed care provider within 6 months prior to the day of registration.
2. **Immunizations** must be recorded on the Physical Examination Form, and must be verified by a Health Care Provider's signature, address, and telephone number on the back of that form. All of the following are **required** by the Commonwealth of Massachusetts:
 - a. **5 DPT (Diphtheria, Pertusis, and Tetanus) doses**- *if last dose was not given within past 5 years, a Tetanus booster given within past 5 years is required.*
 - b. **4 Polio doses**
 - c. **2 MMR (Measles Mumps and Rubella) doses**
 - d. **3 Hepatitis B** doses (or newer series of 2 shots)
 - e. **1 Varicella (Chicken Pox):** Not required if the student has documentation of having had the disease.
 - f. **1 Meningitis vaccine** for ALL NEW DAY & BOARDING STUDENTS. *Please read the Meningitis information at the end of this letter.*
 - g. **Tuberculin Test** within the last 6 months (Required for all **international** students only. Note: This is not routine during physical examinations and may need to be requested.)
3. **Student Health History**
4. **Consent to Administer Medication**
5. **Authorization to Release Health Information**
6. **Medication Order for Prescribed Medication for EACH medication (if applicable)**

*****Please note: If any student arrives with incomplete health forms, they will be transported to a homestay (the charge of which ranges from \$35 to \$75 per day). No students will be allowed to stay in the dormitories or attend classes until all medical requirements are complete. If there is any difficulty around completing these requirements or forms before registration, please contact Health Services at (508) 650-5030.*****

MEDICATION

Health Services at Walnut Hill oversee all medications on campus (over-the-counter, supplements and prescriptions). **Students cannot keep any medications in their room or on their person** unless granted permission by the nursing staff.

Over-the-counter Medication (Tylenol, Advil, etc): Health Services has over 30 over-the-counter medications available to students. Many of these medications are also available in the dorms, which are administered by dorm parents under the supervision of the health center. **We discourage students from bring their own over-the-counter medications unless they have a unique need.**

Prescription Medication: Prescription medications are administered and tracked by the health center except emergency medications (like EpiPens and inhalers), topical medication and birth control pills. Select prescriptions may be self-administered at the discretion of the nursing staff and with parental permission. Each prescription medication must have an order form completed by a licensed care provider in order for any of these medications to be administered.

Walnut Hill has prescriptions filled through Andrews Pharmacy unless otherwise specified by the parent/ guardian. Their telephone number is (781) 235-1001 for any questions or concerns.

Vitamins/ Supplements: Vitamins, herbal remedies and dietary supplements may be kept in a student's room **after being checked in at the health center.**

Please remember at registration: Bring ANY medications (over-the-counter, prescription and supplements) to the health center at registration. Do not pack them in luggage that cannot be easily accessed, as students cannot register with the health center without having all medications checked first.

ADDITIONAL HEALTH CENTER SERVICES

The Health Center can arrange for care for injured artists, including physical therapy, and massage therapy. Appointments with a nutritionist are available as well. These appointments are made directly through the school nurses. There is an additional fee for these services.

Psychiatric Services

Walnut Hill has a large referral network of local providers to follow students on medications. Please contact the School Nurse or the School Counselor for more information. There is an additional fee for these services.

School Doctor

Walnut Hill has a medical doctor who sees students on campus once a week. Off campus doctor's appointments are arranged for students as needed. All visits are charged to a student's insurance plan.

Please contact the health center with any questions regarding any of this information. Welcome to Walnut Hill!

Sincerely,

Rosalind Wyman, RN
Director of Health Services

Massachusetts State Law

Meningitis Vaccine

Please read this carefully:

Beginning in August 2005, all NEW students entering Massachusetts schools that provide housing must have documentation of having received Meningococcal vaccine (within the last 5 years) at least 2 weeks prior to the beginning of school.

The law also provides an exemption for this vaccine. A waiver that reviews the dangers of Meningococcal disease and indicates that the vaccination has been declined must be signed by the parent and presented to the Health Center at the start of school. There are waiver forms available through the state web site listed below.

For information about this disease please refer to the CDC web site at www.cdc.gov. Also, you can contact the Massachusetts Department of Public Health, Division of Epidemiology and Immunization at 617-983-6800 or www.mass.gov/dph.

Parents should contact their healthcare provider and make an appointment to discuss meningococcal disease, the benefits and risks of vaccination, and the availability of this vaccine. Schools are not required to provide this vaccine to the student. It is your responsibility to obtain the vaccine prior to the start of school.

NEW INTERNATIONAL STUDENTS: If this vaccine is not available in your country, provisions will be made for your child to receive this vaccine for a \$100.00 charge.



STUDENT HEALTH HISTORY

TO BE COMPLETED BY PARENTS

(Print) Last Name	First Name	Middle Name	Date of Birth	Religion
Street Address	City	State	Zip Code	Home phone

FAMILY HISTORY

	Age	State of Health	Occupation	Age At Death	Cause of Death
Father					
Mother					
Brother(s)					
Sister(s)					

HAVE ANY OF YOUR RELATIVES HAD ANY OF THE FOLLOWING:

	Yes	No		Yes	No
Tuberculosis			Epilepsy, Convulsion		
Diabetes			Cancer		
Kidney Disease			Stomach/Intestinal Trouble		
Heart Disease			Emotional Instability		
Heart attack before age 50			Manic Depressive Disorder		
High Cholesterol			Alcoholism		
Arthritis			Schizophrenia		
Digestive Disease			Eating Disorder		
Asthma, Hay Fever					

Please Provide Additional Details Below:

Menstrual History (For Women Only)	Yes	No		Yes	No
Irregular Periods			Regulation Medication(s)		
Severe Cramps			Other Concerns:		

Describe Flow (please circle)	Light	Normal	Heavy
-------------------------------	-------	--------	-------

Age of Onset: _____ Duration of Period: _____ Interval Between Periods: _____



STUDENT HEALTH HISTORY

TO BE COMPLETED BY PARENTS

Page 2: Health History

Has the student had any illness or been hospitalized other than already noted? Yes ___ No ___

Please describe _____

Has the student received treatment or counseling for any psychological or social issues? Yes ___ No ___

Please describe _____

Has the student ever been immunized against tuberculosis with BCG vaccine? _____

Has the student needed any medical intervention besides regular check-ups in the past 5 years? Yes ___ No ___

Please describe _____

Does the student have any **CHRONIC or LIFE-THREATENING** conditions? Yes ___ No ___

Please describe _____

Has the student ever been hospitalized for any medical conditions? Yes ___ No ___

Please describe _____

Is the student receiving continuing medical treatment? Yes ___ No ___

Please describe _____

Does the student take **medications** on a DAILY or REGULAR basis? (prescription or over-the-counter?) Yes ___ No ___

Please list medication and complete the "Parent/ Guardian Consent for Medication Administration" Form

Does the student have any **ALLERGIES**, i.e. medications, foods, environmental substances, insect stings etc.? Yes ___ No ___

Please describe:

Allergy Trigger	Typical Reaction	Treatment

Does the student carry an **EpiPen**? Yes ___ No ___

Note: Students who carry EpiPens will need to bring **TWO pens to Walnut Hill (one to keep with them at all times and one for the dorm)*

Other Emergency Contacts: *Please note that every attempt will be made to contact you in the event of an unexpected illness or injury. If we are unable to reach you, we will contact the person listed below.*

Name _____ Phone _____

Relationship _____ Address _____ City _____ State _____

Name _____ Phone _____

Relationship _____ Address _____ City _____ State _____



STUDENT HEALTH HISTORY

TO BE COMPLETED BY PARENTS

Page 3: Health History

If the student has experienced any of the following health concerns, please describe the treatment(s) used and give appropriate dates:

Medical Concern	Yes	No	Comments- Treatment and Approximate Dates
Cardiac Disorder			
Seizures/ Neurological Disorder			
Diabetes/ Metabolic Disorder			
Bleeding Disorder			
Hospitalization/ Surgery			
Asthma/ Respiratory Disorder			
Chronic Illness			
Visual Deficit/ Eye Disorder			
Speech Deficit/ Throat Disorder			
Diet Restrictions, Digestive Dis.			
Eating Disorders			
Orthopedic Disorder			
Menstrual/ Genitourinary Dis.			
Chicken Pox			
Mononucleosis			
History of Tuberculosis			
Other			
Psycho/Social Concerns			
ADD/ADHD			
Other Psychological diagnoses			
History of Psychiatric Admissions			
History of Self-Injurious behavior			

As the parent/legal guardian of this student, I have answered these questions honestly and to the best of my knowledge. I understand that any withheld or falsified information could be damaging to my students health and is unacceptable.

Signature _____ **Date** _____



PHYSICAL EXAMINATION BY LICENSED PROVIDER

PARENTS: PLEASE KEEP A COPY OF THIS FORM ONCE IT HAS BEEN FILLED OUT AND SIGNED BY A LICENSED PROVIDER

Walnut Hill School requires that all program participants provide documentation of a physical examination within six (6) months preceding their initial arrival at school. This form is to be completed by a **Licensed Care Provider**. Both pages must be completed. We ask that the licensed care provider advise us of any health concerns, allergies, dietary or activity restrictions. Please be specific and use the space provided on the reverse side if more space is needed.

NOTE: The student has been accepted for enrollment. Information supplied will not affect admission status and will be used for providing health care. This information is strictly for the use of Health Services and will not be released without consent.

I have examined _____ on _____
Patient's name Date of Exam

IMMUNIZATION HISTORY: Please record the dates (month/year) of basic immunizations and most recent booster:

VACCINE	DATES					
DPT						
Td						
OPV/IPV						
MMR						
Hib						
Hepatitis B						
PPD/Mantoux						
Varicella						
Meningitis						
Other(s)						

PHYSICAL EXAMINATION:

HEIGHT _____ WEIGHT _____ BMI _____ PULSE _____ RESPIRATIONS _____ BLOOD PRESSURE _____

Please check "OK" if the patient's examination is within normal limits. Otherwise, please comment on any concerns or conditions:

SYSTEM	"OK"	COMMENTS AND/OR CONCERNS
General Appearance		
Skin		
Eyes/ Vision		
Ears/ Hearing		
Nose		
Mouth/ Teeth		
Cardiovascular		
Lungs		
Abdomen		
Genitourinary		
Musculoskeletal		
Neurological		
Development		
Other		



PHYSICAL EXAMINATION BY LICENSED PROVIDER

Page 2: Physical Examination

ALLERGY HISTORY:

Does the patient have any allergies? Yes _____ No _____
 Does the patient carry an EpiPen? Yes _____ No _____

Note: Patient will need to come to school with **TWO EpiPens*

Please describe allergen, typical response and treatment plan.

Allergen	Typical Reaction	Treatment

Additional information for the health center to be aware of (dietary restrictions, activity restrictions, etc.):

**Please list any medications taken by the patient on a daily or regular basis:
 (Prescription and/or over-the-counter) Complete a "Health Center Medication Order Form" for EACH
 prescription medication.**

VALIDATION OF EXAMINATION: In my opinion the above individual may participate in an intensive arts program with noted restriction.

Name of licensed M.D. completing Physical Examination: _____

Date of Exam: _____ Address: _____ City: _____

PHONE: _____ Fax: _____

Licensed M.D. Signature: _____ Date: _____



CONSENT TO ADMINISTER MEDICATION
MUST BE FILLED OUT COMPLETELY BY PARENT OR GUARDIAN AND STUDENT

STUDENT NAME: _____

please print clearly

MEDICATION POLICY AGREEMENT (ALL PARENTS SIGN)

I have read and understand the Medication Policy at Walnut Hill and agree to abide by its guidelines. I have reviewed the guidelines with my child. I understand that my child cannot possess any medication (over the counter, herbal, natural remedies or prescription) without receiving permission from Health Center staff. Parents/guardians are responsible for promptly updating the Health Center with any changes in medications or as new medications are prescribed. I understand that I may retrieve the medication from the school at any time and that the medicine will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.

(Parent/guardian signature)

(date)

PRESCRIPTION MEDICATION ADMINISTRATION CONSENT (ONLY IF ON PRESCRIPTION MED)

I give permission for the School Nurse, or school personnel designated by the School Nurse, to give the following medications listed below, prescribed by _____ to my child (noted above).

(Parent/guardian signature)

(date)

Please list all prescription medications the student is receiving, including those given during the school day:

- 1. _____ 2. _____
- 3. _____ 4. _____

My son/daughter is known to have the following allergies:

OVER THE COUNTER MEDICATION ADMINISTRATION (ALL PARENTS SIGN)

I give permission for the Health Center staff to administer over the counter medications to my child according to guidelines approved by the School Physician and Director of Health Services. If my child is a boarding student, over the counter medications may be administered by staff designated by the Director of Health Services.

(parent/guardian signature)

(date)

PARENT CONSENT FOR SELF-ADMINISTRATION OF MEDICATION (ALL PARENTS SIGN)

I give permission for my child to self-administer medication, provided that the school nurse determines it is safe and appropriate. I feel comfortable that my child can responsibly administer him/herself medications. Walnut Hill School will provide support and teaching to students taking medication but does not assume responsibility for students who do not self administer medications (prescription, over the counter, or natural/herbal remedies) as prescribed by the physician or nurse; or as agreed upon in the medication plan.

(parent/guardian signature)

(date)

STUDENT AGREEMENT FOR SELF-ADMINISTRATION OF MEDICATION (ALL STUDENTS SIGN)

- 1. I understand that I am responsible for taking medications as directed.
- 2. I will safely store the medications and keep it packaged as the school nurse directs. I will report lost medication to the school nurse immediately.
- 3. I agree to contact an adult on campus if I don't feel well or if I have a question about my medication.
- 4. I agree to NEVER share my medication with anyone.
- 5. I agree to NOT keep medications in my dorm room or on my person unless authorized to do so by the Health Center.
- 6. I understand that not following these guidelines may result in a Disciplinary Committee Hearing.

(student signature)

(date)



AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Person or Organization authorized to receive the information:

WALNUT HILL SCHOOL • HEALTH CENTER
12 HIGHLAND STREET
NATICK, MA 01760
Tel: (508) 650-5030 Fax: (508) 650-5043

Person whose information is to be released:

Student's Name: _____

Student's Social Security #: _____

Student's Date of Birth: _____

In order to allow direct communication, in accordance with new HIPAA guidelines, between the Walnut Hill School Health Center and any outside providers I (my child) may see while a student at Walnut Hill School, I hereby authorize the use or disclosure of my (my child's) individually identifiable health information (IIHI) disclosed from any health care providers in the USA or as described below to the Walnut Hill School Health Center.

This authorization includes all records concerning diagnosis, treatment, prognosis and opinions as to the above person's condition as this relates to the below listed purpose for the duration of time that said person is a student at Walnut Hill School.

In addition to providing copies, the person or organization authorized to provide IIHI is also authorized to orally discuss over the phone the information listed above with a representative of the Walnut Hill School Health Center.

Purpose of Disclosure:

- To allow communication in order to facilitate coordinated health care.
- In loco parentis.
- Other:

Important Information About Your Rights:

I understand that I may revoke this Authorization by sending a written notice to the party providing my (my child's) IIHI. Revocation of this Authorization will be valid when received by such party, except to the extent that action has been taken relying on it.

I also understand that all health information will remain confidential and known to only those involved with my child's health care. To ensure appropriate care of my (my child's) health, occasionally, it may be necessary to share important health information with Dorm Parents, the Dean of Students or other adults directly involved with the student.

Student's Signature (if 18 years old or older) _____
Date

Parent/Guardian's Signature (if student is younger than 18 years old) _____
Date



MEDICATION ORDER FOR PRESCRIBED MEDICATIONS

To be completed only if a student is taking PRESCRIBED medications.
Please make as many copies of this form as needed (one per prescription).

WALNUT HILL HEALTH CENTER MEDICATION ORDER

(to be completed by a Licensed Prescriber: Physician, Nurse Practitioner or others authorized by Chapter 94C)

Student Name: _____ Date of birth: ____ / ____ / ____

Street Address: _____ Grade: _____

City: _____ State: _____ Zip: _____

Medication: _____

Route of Administration: _____ Dosage: _____

Frequency: _____ Time(s) of Administration: _____

Diagnosis requiring medication: _____

Specific directions or information for administration: _____

The date of the next scheduled visit or when advised to return to the prescriber: _____

Consent for self-administration (provided that the School Nurse determines it is safe and appropriate):

___ YES

___ NO

Date of order: _____ Discontinuation Date: _____

Name of Licensed Prescriber (print) _____

Business Telephone: _____ Emergency Telephone: _____

Signature: _____ Date: _____