

STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES
WILDERNESS SCHOOL

STUDENT APPLICATION, MEDICAL HISTORY AND TUITION AGREEMENT FORM

Student Information

Name _____ Date of birth _____ Age _____

Hispanic Origin: Yes No. Race/Ethnicity (List all that apply) _____ Male Female.

Demographics: Urban Suburban Rural

Address _____ City _____ State ____ Zip _____

Telephone _____ Student E-mail: _____

Parent/Legal Guardian Information

Name _____ Relationship _____

Address _____ City _____ State ____ Zip _____

Daytime Phone _____ Evening Phone _____

Cell Phone or Pager: _____ Parent E-mail: _____

Emergency Notification if Legal Guardian is Unavailable (if youth is in Foster Care, please provide contact information below)

Name _____ Relationship _____ Phone _____

Cell/pager _____

Name _____ Relationship _____ Phone _____

Cell/pager _____

Referral Information

Referring Agent _____ Agency _____ E-mail: _____

Address _____ City _____ State ____ Zip _____

Day Phone _____ After Hours Phone _____ Cell Phone/Pager _____

Is another agency involved in this referral: Yes No. If yes, please provide agency information below.

Referring Agent _____ Agency _____ E-mail: _____

Address _____ City _____ State ____ Zip _____

Day Phone _____ After Hours Phone _____ Cell Phone/Pager _____

Enrollment: Space will be reserved upon receipt of all student application materials. Families and agencies will be contacted on receipt of this information. Student acceptance will be communicated with a Wilderness School Letter of Acceptance when enrollment requirements are met.

Session 1

20-Day Course, Boys, age 13-17 (Th, June 30 – Tue, July 19, 2016)

5-Day Course, Co-Ed. age 15-19, (Fri. July 1 – Tue. July 5, 2016)

5-Day Course, Girls, age 13-16 (Mon. July 11 – Fri. July 15, 2016)

5-Day Course, Boys, age 13-16 (Mon. July 11 – Fri. July 15, 2016)

Session 2

20-Day Course, Boys, age 13-17 (Th., July 28 – Tue, August 16, 2016)

20-Day Course, Girls, age 13-17 (Th., July 28– Tue, August 16, 2016)

5-Day, Boys, age 13-16 (Fri, July 29 – Tue. Aug. 2, 2016)

5-Day, Girls, age 15-19 (Mon, Aug. 8 – Fri. Aug. 12, 2016)

5-Day Boys, age 15-19, (Mon. Aug. 8 – Fri. Aug. 12, 2016)

Medical History Information (to be completed by student and parent/guardian)

Applicant Name _____ Person completing this form _____

Name of primary Physician _____ Phone: _____

Other Physician/Psychiatrist/Specialist whom the applicant sees: _____

Phone: _____ Reason for visits: _____

The Wilderness School operates 20-Day Expeditions in remote environments in all types of weather. The 20-Day Expedition is physically and mentally demanding. All participants must be free of all medical or physical conditions that might create undue risk to themselves or others who depend upon them. All students must be appropriate for self administration of medications. Please read the program description and then place a check next to any of the following conditions that you have had or may now have, then give details in the space provided.

1. Any problems with vision or hearing – require glasses, contact lenses, hearing aid: _____
2. Chronic skin problems - rash, infection: _____
3. Frequent infection of throat, tonsils, sinuses, ears: _____
4. Chronic cough, bronchitis, bloody sputum, pneumonia: _____
5. Dizzy spells, fainting, persistent headaches, or migraines: _____
6. Epilepsy, convulsions: _____
7. Thyroid trouble: _____
8. Palpitation of the heart, irregular heartbeat, heart murmurs: _____
9. Any severe injury to head, chest, internal organs: _____
10. Hernia: _____
11. Diabetes: _____
12. Kidney infection or stones: _____
13. Jaundice, hepatitis, TB, meningitis or encephalitis: _____
14. Frequent diarrhea, constipation, abdominal cramps or severe menstrual cramps: _____
15. Broken bones, joint dislocations, serious sprains: _____
16. Arthritis: _____
17. Hemophilia, other bleeding problems: _____
18. Reaction to extremes of temperature – frostbite, heat exhaustion: _____
19. Morbid Obesity - carrying an unhealthy amount of weight: _____

Medical History Information (to be completed by student and parent/guardian), continued:

Applicant Name _____

Please answer the following questions completely and specifically by describing the problem and indicate if the condition exists now. Write "none" if no condition exists.

- 1. Does the student have parent/guardian permission for self-administration of medication? Yes No
- 2. Is the student currently taking any medication? Yes No. If yes, please give detailed information below (all prescriptions, non-prescription {over the counter} medications, including vitamins, supplements, homeopathic remedies medications, etc. must be listed). Note: Applicants on 3 or more medications may be placed on a wait list).

Medication	Dose	Time(s) to administer	Side effects, contraindications	Reason for medication

All medication must be sent to the Wilderness School in the original container with the student's name, type of medication, dosage, and doctor's name printed on the container. Doctor's orders are required for each medication and may be provided on our Prescription Mediation Form.

3. Are you allergic to **any** medications (i.e. penicillin, aspirin, sulfa), foods (i.e. milk, peanuts, shellfish, cinnamon), insect bites (i.e. wasps, bees, spiders) or other substances (i.e. dust, ragweed)? If yes, please give details, triggers, and date of last reaction, severity of last reaction, and any treatment given. _____

4. Have you had or do you have asthma? Yes no. Please describe the severity; indicate triggers and any current medications. _____

* Students with diagnoses of Asthma are required to bring all prescribed inhalers as well as one unused back-up inhaler for each prescription.

5. Have you ever had any problems with your knees or feet? _____

6. Have you ever had any problems with your back, scoliosis or curvature of the spine, or worn a back brace? _____

7. Have you suffered any recent illness, injury or trauma (i.e. car accident, appendicitis)? Please give dates and details. _____

8. Do you have any special dietary restrictions? If yes, give details. _____

9. Are you addicted to alcohol, illicit drugs, or nicotine? If yes, please indicate what chemical and current use pattern. _____

10. Is there any additional medical information you believe should be reported? _____

Tuition Agreement

This agreement is between the State Of Connecticut Department Of Children & Families/Wilderness School and the Referring Agency and/or Family:

Tuition Information

Applicant's Name _____ Referring Agency _____

Legal Guardian Name _____ Agency Address _____

Guardian Address _____ City, State _____ Zip _____

City, State _____ Zip _____ Referring Agent Name _____

Relationship _____ Funding Agency (if different) _____

Applicant Status: DCF Committed: Yes No Funding Agency Address _____

(Please check one) DCF Non-Committed: Yes No City, State _____ Zip _____

Non-DCF Involved: Yes No Funding Agency Contact _____

DCF Prevention Services: FWSN Juvenile Redirection PYDI State of CT Judicial Branch: CSSD

Indicate source(s) of tuition below: Total = \$2,000.00 for 20-day Expeditions and \$600.00 for 5-day Expeditions.

Agency Payment/Amount: \$ _____ Family Payment/Amount: \$ _____ Other/Amount: \$ _____

1. DCF Tuition Payment:
Any applicant that is involved with DCF (committed and non-committed) must have tuition authorized by the Area Office. DCF Social Workers must sign the tuition agreement form, indicating appropriate use of agency funds: Student Application, Medical History and Tuition Agreement Form.
2. Tuition Fee:
The tuition fee of the Wilderness School 20-Day Expedition is \$2,000.00. This fee includes all phases of the Orientation, 20-Day Expedition, and Follow-Up Programs as detailed in the Wilderness School website. The tuition fee of all Wilderness School 5-Day Expeditions is \$600.00. This fee includes all phases of the Orientation, Expedition, and Follow-Up Programs as detailed in the Wilderness School website.
3. When to Make Payment:
All tuition payments by private parties other than Referring Agencies (i.e. family payments) must be made in full after an applicant's acceptance to the Expedition and prior to the course start.
4. Acceptable Forms of Payment:
All tuition payments by private parties other than Referring Agencies must be made with a bank check or money order only. No personal checks or cash may be accepted.
5. How to Make Payment:
Bank checks or money orders must be made payable to DCF/Wilderness School and may be sent c/o Wilderness School, 240 North Hollow Road, East Hartland, CT 06027, Attn: Enrollment Office.
6. Refund Policies:
 - a. All tuition payments will be fully refunded if cancellation occurs prior to the course starting date.
 - b. If a student leaves a course within the first three (3) days for medical reasons, one-half of the tuition will be refunded. After three (3) days, there will be no refund.
 - c. If a student leaves a course for non-medical reasons, there will be no refund.

Student Acceptance: Applicants for 20-Day and 5-Day Expeditions are enrolled when Referring Agency staff have received a formal Letter of Acceptance from the Wilderness School Enrollment Office stating all Application Materials are completed to a satisfactory degree, including: Receipt of a signed Tuition Agreement and payment in full ten days prior to the beginning of the Expedition for any full or partial family payments; Acceptance of all Applications Materials by the Wilderness School (Student Application, Medical History and Tuition Form; Physician's Examination Form; Consent and Waiver Form or Consent and Waiver Form -- DCF Committed Youth; Authorization For Disclosure of Information Form; Student Contract Form; and Pre-Enrollment Interview Form); Documented participation in an Orientation program as required.

Tuition Agreement: The Wilderness School, a program of the State of Connecticut, Department of Children & Families, will provide services **as outlined on the Wilderness School website**. Wilderness School expeditions may include backpacking, hiking, rock climbing and rappelling, canoeing, a solo, a day of service, an 8.5 mile marathon, the high ropes course, problem solving tasks, group discussions, graduation ceremonies, and follow-up activities. Please refer to the website at www.ct.gov/dcf under Programs and Services. Tuition Agreement is valid for 1 year from date. Make duplicate copies for multiple parties making payments.

I fully understand and will abide by the tuition policy of the Wilderness School

Signature of party responsible for tuition payment

Date