



Lakeside Academy

PARENT/GUARDIAN INFORMATION/CONSENT PACKET

MAIL OR FAX TO:

Lakeside Academy

Attn: Admissions

3921 Oakland Dr.

Kalamazoo, MI 49008

Phone: 269-381-4760

Fax: 269-381-5332

kallen@lakesideacademy.net

Please have paperwork completed prior to admission

TO PARENTS AND GUARDIANS:

COMPREHENSIVE MENTAL, PHYSICAL, AND EMOTIONAL HEALTH CARE REQUIRES A THOROUGH REVIEW OF THE CHILD'S HEALTH BACKGROUND. PLEASE COMPLETE THIS NOW AS MUCH AS POSSIBLE. THE REGISTERED NURSE WILL REVIEW IT WITH YOU LATER DURING THE ADMISSION AND CLARIFY ANY QUESTIONS. PLEASE INFORM THE NURSE OF ANY OTHER SIGNIFICANT HEALTH PROBLEMS. THANK YOU FOR YOUR ASSISTANCE.

STUDENT NAME: _____ ALLERGIES: FOOD _____
DRUGS _____
OTHER _____

YES NO **EYE/EAR/NOSE/THROAT**

		EYE INJURIES _____
		FREQUENT EYE INFECTIONS _____
		EAR INFECTIONS _____ TUBES: R L WHEN PLACED _____ REMOVED? Y N WHEN _____
		EAR DISCHARGE _____ RINGING IN EARS _____
		NASAL FRACTURE _____ DEVIATED SEPTUM _____
		CHRONIC NOSEBLEEDS _____
		SINUS TROUBLE _____
		FREQUENT COLDS _____
		FREQUENT TONSILLITIS/STREP THROAT _____
		SWOLLEN GLANDS _____
		MOUTH/TONGUE: BLEEDING/SORES _____
		OTHER: _____

RESPIRATORY

		ASTHMA/WHEEZING/SHORTNESS OF BREATH _____ AGE OF ONSET _____ CURRENT TREATMENT _____
		TUBERCULOSIS _____ VALLEY FEVER _____
		WHOOPING COUGH _____
		PNEUMONIA _____ BRONCHITIS _____
		CHRONIC COUGH _____ COUGHING BLOOD _____
		OTHER: _____

CARDIOVASCULAR

		EKG (WHEN/WHERE) _____
		IRREGULAR HEART BEAT _____
		CHEST PAIN _____
		CONGENITAL HEART DISEASE _____
		RHEUMATIC FEVER _____
		OTHER: _____
		EXERCISE INTOLERANCE _____

HEMATOLOGY

		BLOOD TRANSFUSIONS _____
		INTRAVENOUS DRUG USE _____
		DRUG REACTIONS _____
		BLEEDING DISORDERS _____
		ANEMIA _____
		SICKLE CELL TRAIT/ANEMIA _____

YES NO

GASTROINTESTINAL

		CHRONIC INDIGESTION _____
		CHRONIC NAUSEA VOMITING _____
		ANOREXIA/BULEMIA _____
		ULCERS _____
		ABDOMINAL PAIN _____
		HEPATITIS _____
		GALL BLADDER _____ BLOODY STOOLS _____
		CHRONIC CONSTIPATION/DIARRHEA _____
		LAXATIVE USE _____
		SOILING/ENCOPRESIS _____

ENDOCRINE

		THYROID DISORDER _____
		DIABETES _____
		OTHER _____

NEUROLOGIC

		EEG (WHEN/WHERE) _____ X-RAY (WHEN/WHERE) _____
		MRI (WHEN/WHERE) _____ CAT SCAN (WHEN/WHERE) _____
		SEIZURES _____
		HEAD TRAUMA/LOSS OF CONSCIOUSNESS _____
		DIZZINESS/FAINTING _____
		WEAKNESS/PARALYSIS _____
		BRAIN TUMOR _____
		MIGRAINE/CHRONIC HEADACHES (FREQUENCY, PREVIOUS EVALUATION AND TREATMENT) _____

GENITAL/URINARY

		ENURESIS/BED WETTING _____
		INCONTINENCE _____
		PAINFUL/DIFFICULT/FREQUENT URINATION _____
		KIDNEY DISEASE/BLOOD IN URINE _____
		FREQUENT URINARY TRACT INFECTIONS _____
		DISCHARGE _____
		HISTORY OF SEXUAL ABUSE _____
		SEXUALLY ACTIVE _____ # OF PARTNERS _____
		SEXUALLY TRANSMITTED DISEASES _____

MUSCULO-SKELETAL

		SCOLIOSIS _____
		FRACTURE/BROKEN BONES _____
		BACK PROBLEM _____
		JOINT PROBLEMS _____
		OTHER _____

DERMATOLOGY

		RASH _____
		ACNE/TREATMENT _____
		PSORIASIS _____

CHILDHOOD/INFECTIOUS DISEASE

		CHICKEN POX (AGE) _____
		MEASLES (AGE) _____
		MUMPS (AGE) _____
		RUBELLA (AGE) _____
		TUBERCULOSIS (AGE) _____
		OTHER: _____

OTHER HEALTH PROBLEMS - PAST OR PRESENT

PREVIOUS HOSPITALIZATIONS

SURGERIES

MEDICAL HISTORY/FILE LOCATION

DOCTOR _____ **TOWN** _____

HOSPITAL _____ **TOWN** _____

PSYCHIATRIC/PSYCHOLOGY _____ **TOWN** _____

**** REMINDER: A COPY OF THE CHILD'S IMMUNIZATION RECORD MUST BE MAILED TO LAKESIDE ACADEMY IF NOT BROUGHT IN AT ADMISSION.***
YOU MAY OBTAIN THIS FROM YOUR CHILD'S SCHOOL OR PEDIATRICIAN IF YOU CANNOT FIND THIS RECORD AT HOME.**

INFORMATION PROVIDED BY:

NAME	RELATIONSHIP	DATE
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REVIEWED BY NURSE _____ **DATE/TIME** _____

SCHOOL DISTRICT WORKSHEET

STUDENT NAME _____

DOB _____ SS# _____

SCHOOL INFORMATION

Current Grade _____

Name and address of the school district where student resides:

Telephone _____

CONTACT PERSONS

Director of Special Education _____

Principal _____

School Counselor _____

Teacher _____

SCHOOL HISTORY

Was the student ever in Special Education? _____

If so, when? _____

If so, what? _____

Learning Problems? Attention ____ Reading ____ Spelling ____ Speech ____ Behavior ____

Does the school district know of placement? _____

Parent/Guardian Signature _____ Date _____

LAKESIDE ACADEMY

APPROVED MAIL/TELEPHONE/VISIT LIST

PLACING WORKER AND/OR PARENTS: Please complete the following information for our records:

I hereby acknowledge that I have read, understand and agree to the conditions contained in the Lakeside Academy Mail/Telephone/Visitation Policy. I understand that resident and parent visitation cannot be disallowed unless there is court documentation that indicates visitation is detrimental to the resident. R 400.4142.

Parent/Guardian Date Placing Worker Date
Student Date

Please list all approved contacts including parents/guardians

The following persons are APPROVED for contact with:

Name: Telephone#:
Address:
Relationship:

APPROVED FOR:
telephone contact mail contact on-campus visits off-campus visits

REASON:

Name: Telephone#:
Address:
Relationship:

APPROVED FOR:
telephone contact mail contact on-campus visits off-campus visits

REASON:

All parties have read and agree with the above listed names

If additional space is necessary please use the back of this form

LAKESIDE ACADEMY
PERSONAL ITEMS LIST
CLOTHING NEEDS

MALES (Minimums)	Quantity
TEE-SHIRTS	5
POLO SHIRTS	2
DRESS SHIRT	1
SWEATSHIRTS	2
SWEATPANTS	1
JEANS	3
SLACKS or KHAKI'S	1
ATHLETIC SHORTS	1
SOCKS	5 pairs
UNDERWEAR	5
BELT	1
TENNIS SHOES	1
COAT	1 (seasonal)
JACKET	1 (seasonal)
STOCKING CAP	1 (seasonal)
GLOVES	1 pair (seasonal)
BOOTS	1 pair (seasonal)

FEMALES (Minimums)	Quantity
TEE-SHIRTS	5
POLO SHIRTS	2
DRESS SHIRT	1
SWEATSHIRTS	2
SWEATPANTS	1
JEANS	3
SLACKS or KHAKI'S	1
ATHLETIC SHORTS	1
SOCKS	5 pairs
UNDERWEAR / BRAS	5 / 5
BELT	1
TENNIS SHOES	1
COAT	1 (seasonal)
JACKET	1 (seasonal)
STOCKING CAP	1 (seasonal)
GLOVES	1 pair (seasonal)
BOOTS	1 pair (seasonal)

All clothing should be brought with the student upon admission or be with the student when our staff pick them up.

Lakeside Academy staff will send home any clothing deemed inappropriate or not on the needs list.

Consent to Treatment

I apply and consent to such psychiatric, psychological, mental health, medical, medical screening and follow-up, diagnostic, immunizations, substance abuse, emergency and hospital treatment including anesthesia, as professionals contracting with Lakeside Academy may prescribe. I am aware the practice of medicine and mental health is not an exact science and I acknowledge that no guarantees have been made to me regarding the results of treatment or examinations.

Legal Guardian/Parent Initials here _____ **Student Initials here** _____

Reciprocal Authority for Release and/or Exchange of Information

I authorize the release and/or exchange of all necessary information (written or verbal) to and among the service providers listed below, as well as, other providers contracting services for the purpose of providing educational, residential and/or temporary shelter care to my child/ward. All information shared/requested shall be on a “need to know” basis and comply with the Privacy Practices (HIPAA) of Lakeside Academy.

Providers: Lakeside Academy, Department of Human Services (to include any past child abuse reports), Juvenile Court Services or other placing agency(s), Youth Attorney, Guardian ad Litem and the child’s resident school.

Legal Guardian/Parent Initials here _____ **Student Initials here** _____

Consent to Work

Note: As previously stated, students at Lakeside Academy may have the opportunity to engage in job opportunities on and/or off campus. This allows students to work toward completion of restitution and/or community service obligations or begin saving for their future.

Consent: I authorize Lakeside Academy to allow my child/ward to participate in employment opportunities either on or off campus while in placement.

Legal Guardian/Parent Initials here _____ **Student Initials here** _____

Consent to Travel and Participate

Note: This consent allows your child/ward to engage in athletic, educational and recreational activities as a representative of Lakeside Academy and to accompany Lakeside Academy staff and students on off campus events or trips. Due to our geographical location, many of these trips may be outside the state of Michigan.

Consent: I understand that all activities involve the risk of injury. I consent/request my child/ward be given the opportunity of participating in interscholastic sports, off campus activities, field trips, etc.

Legal Guardian/Parent Initials here _____ **Student Initials here** _____

I have read and understand the information above. I understand that my initials are the same as my signature in this document. I understand I can terminate consent to any or all by way of written form to Lakeside Academy.

Legal Guardian/Parent Signature: _____ **Date:** _____

Legal Guardian/Parent Printed Name: _____

Student Signature: _____ **Date:** _____

Student Printed Name: _____

Lakeside Academy Media Consent

As an integral part of Lakeside Academy, we encourage involvement in the various academic, athletic and job opportunities offered on campus. At times, local and national media request pictures and/or interviews with our students as recognition of an individual or group accomplishment.

Consent to Interview: I authorize Lakeside Academy to allow the name and/or photograph/video of my child/ward to be made public either through Lakeside Academy circulations, media or other publication(s).

Legal Guardian/Parent Signature: _____ **Date:** _____

Legal Guardian/Parent Printed Name: _____

Student Signature: _____ **Date:** _____

Student Printed Name: _____

Parent Consultation

Student's Name _____ Date: _____

Parent Completing Consultation: _____

Please complete this consultation to the best of your knowledge. It is extremely important that Lakeside Academy has the input on your family dynamics and your perspective of your child. If you have information you feel will be helpful in understanding and rehabilitating your child that is not included in this consultation, please include that information on the space provided on the back of this form. Thank you.

Describe the makeup of your household (include names, ages and relationship to your son).

Would you describe your home environment as structured or unstructured? (Include daily expectations you have for your child, household rules, etc.)

How do you reward your child for positive behavior?

How do you discipline your child for negative behavior?

How much time are you at home? (Include what hours of the day)

How much time do you spend with your child and how is this time spent?

What do you see as your child's strengths?

Positive interests?

What do you see as your child's weaknesses?

Negative interests?

Do you see your child as a leader or a follower? Positive or negative?

What goals do you have for your child while at Lakeside Academy?

Long term goals for your child?

What is the plan for your child's living arrangements upon discharge from Lakeside Academy?

List significant people in their life that may be positive role models or influences (name and relationship).

Additional comments.

Parental Consultation Substance Abuse

Are you aware of any substance use by your child?

Are you concerned that your child may be abusing drugs or alcohol? If so, why?

If so, what do you want to see your child learn about or change concerning their drug and/or alcohol use?

Are you aware of any resources that are available within the community that could help your child stay drug and alcohol free?

What are your goals for your child dealing with their substance abuse?

Is there a history of drug or alcohol abuse within your family?

Additional comments.
