

WALNUT HILL

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**STUDENT LIFE FORMS  
FOR NEW STUDENTS  
2009-2010**

All forms in this booklet must be completed and returned  
**no later than August 1<sup>st</sup>, 2009.**

**This booklet contains important information for  
NEW  
Walnut Hill students  
as well as registration, course of study, and health forms\*.**

All forms may be returned together to:

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

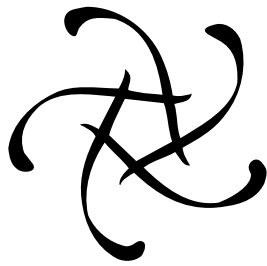
\*Health forms contain confidential information. If you prefer to send them directly to the Health Center, you may detach them and send them separately to the School Nurse at the above address.

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

***Student Life***

*Melissa Cassel at (508) 650-5029*

*Rosalind Gendreau, RN at (508) 650-5030*



WALNUT HILL

**NEW 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	
Math Department Placement Checklist (2 pages)	
Information for Dorm Parents (boarding students only)	
Emergency Information (2 pages)	
Authorization for Use of Name, Images and Recordings	
Photo Request	
Dorm Room Preference Request (boarding students only)	
Proposed Course of Study	
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	
Waiver for Meningococcal Vaccination Requirement (if necessary)	
Flu Vaccination Permission Form	



WALNUT HILL

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

Student Name: \_\_\_\_\_

Cell phone # the student will carry on the travel day: \_\_\_\_\_

- \_\_\_\_\_ International Student Orientation: September 1, 2009 (9:00am-12:00nn)
- \_\_\_\_\_ New Student Arrival: September 5, 2009 (9:00am-3:00pm)

**Registration closes at 3pm on September 5<sup>th</sup>. Please plan to arrive by 1pm to start the process.**

**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 \$85 (depending on time of pickup and number of students that can be picked up at the same time.) This amount will be charged home. 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 approximately \$12 from Logan to Framingham, and transportation from the Framingham stop to campus is about \$15. Both of these fees must be paid in cash. Upon arrival to Logan Express, the student should call JFK Transportation at (508) 653-4500 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: \_\_\_\_\_  
Please note: email address and mailbox assignments will be identified by this name.

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

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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, unless otherwise instructed.

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 5<sup>th</sup> consecutive absence due to illness, consultation with the Student Life Office 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 in the following four ways:



## ATTENDANCE POLICY AND PROCEDURE

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-- <b>Student Life Office</b> (Student Life will handle regular attendance as well as college absences)		
Attendance Line	508-652-7821	<a href="mailto:attendance@walnuthillarts.org">attendance@walnuthillarts.org</a>
-- <b>Health Services</b> (School Nurses)	508-650-5030	<a href="mailto:rgendreau@walnuthillarts.org">rgendreau@walnuthillarts.org</a>
-- <b>Music Department</b> (Music Faculty)	508-650-5024	(For music related absences ONLY)
-- <b>Arts Related Absences</b>		
Roger Shoemaker, Assoc. Head for the Arts	508-650-5026	<a href="mailto:rshoemaker@walnuthillarts.org">rshoemaker@walnuthillarts.org</a>

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.

#### Other Consequences

At some points during the year or because of scheduling issues other consequences may be substituted or added to student consequences based on their attendance history.

#### 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 without a note constitutes an unexcused absence, recorded as a late-absence. Students are urged to make the effort to get to class, even if they are more than ten minutes late; it is up to 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 Student Life 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 regularly 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 3 PM, a list of students with outstanding absences is posted in various locations on campus and is emailed to all students.

**Tuesday through Thursday NOON:** 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 3 PM, 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

	<b>1<sup>st</sup> absence</b>	<b>2<sup>nd</sup> absence</b>	<b>3<sup>rd</sup> absence</b>	<b>4<sup>th</sup> absence</b>
<b>Boarding Students</b>	Sunday Detention (8am-10am)	Friday Rooming (7pm-11pm)	Friday & Saturday night Rooming (7pm-11pm)	Administrative Hearing
<b>Day Students</b>	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 2009-2010 tuition and fee schedule included with your contract for more information.

**Charge Home privileges will end for the year on April 15, 2010 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 _____
Physical Therapy:	YES _____	NO _____

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Mathematics Department Course Placement

Name: \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Welcome to Walnut Hill! In order to place you in the most appropriate level of mathematics, please provide us with as much information as possible. Return to **Anne Murphy, Walnut Hill School, 12 Highland St., Natick, MA 01760** or with **the rest of your registration materials**. Thank you.

1. Please check those courses that you have **COMPLETED**.

Algebra 1    Geometry    Algebra 2    Precalculus

Other \_\_\_\_\_

2. Please indicate the levels, if these classes were tracked.

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3. If you have completed courses by other titles, i.e. Sequential Math 1, 2, 3 or Integrated Math 1, 2, 3, please list the course title(s), textbook(s) and publisher.

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4. For those students who have completed through Algebra 2, please check the topics that were included in your Algebra 2 course. Walnut Hill offers an Advanced Algebra 2 placement that covers more topics than some traditional Algebra 2 courses. Please also list your textbook, if possible.

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Relations and Functions:  $f(x)$ , domain and range

Transformations of Functions: Translations, Reflections, and Dilations

Properties of Exponents

Linear Functions:  $y = mx + b$

Solving linear systems: Substitution and Elimination Methods

Linear Programming: Applications using linear functions

Absolute Value equations, inequalities and functions

Mathematics Department Course Placement – page 2

Matrices: Add, Subtract, Multiply, Divide

Quadratic Functions:  $f(x) = ax^2 + bx + c$

Complex Numbers:  $a + bi$

Polynomial Functions:  $f(x) = ax^n + bx^{n-1} + \dots$

- Rational Root Theorem: Finding the zeros
- Exponential Functions:  $f(x) = ab^x$
- Logarithmic Functions:  $f(x) = \log_b x$
- Rational Functions:  $f(x) = \frac{g(x)}{h(x)}$
- Radical Functions:  $f(x) = \sqrt{g(x)}$
- Piecewise Functions
- Conic Sections: Circles, Ellipses, Parabolas, and Hyperbolas
- Probability: Theoretical and Experimental
- Statistics: Measures of Central Tendency, Binomial Distributions
- Sequences: Arithmetic and Geometric
- Series: Arithmetic and Geometric, Summation Notation
- Trigonometric Functions:  $f(x) = \sin x$ , etc.
- Unit Circle: Radian Measure, Special Right triangles
- Law of Sines, Law of Cosines
- Trigonometric Identities: Pythagorean, Reciprocal, Ratio

Please feel free to add any additional information that you would like us to know. Use additional paper, if necessary.

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## INFORMATION FOR DORM PARENTS (BOARDING STUDENTS ONLY)

Student's Name: \_\_\_\_\_ (Legal Name)

Name student prefers to be called: \_\_\_\_\_

Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_

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Contacts:

Parent/Guardian Name: \_\_\_\_\_ email: \_\_\_\_\_

Phone Number(s): H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ email: \_\_\_\_\_

Phone Number(s): H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

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Another contact if parents are not available:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number(s): H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

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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 2009-2010

This health record is to be completed by the parent(s) or guardian(s): please complete all sections.

**1. Contact Information**

**Student's LEGAL Name** (no nicknames): \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

SS#: \_\_\_\_\_ Student's Cell: \_\_\_\_\_

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

<p><b>Parent #1's Full Name:</b> _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone (h): _____ (w): _____</p> <p>Cell: _____ Fax: _____</p>	<p><b>Parent #2's Full Name:</b> _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone (h): _____ (w): _____</p> <p>Cell: _____ Fax: _____</p>
--	--

**Guardian's Information (if applicable):**

**Full Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (h): \_\_\_\_\_ (w): \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**2. Medical**

**Critical Medical Information**

Date of last Tetanus Inoculation: \_\_\_\_\_ Allergies: \_\_\_\_\_

Pertinent Medical Information: \_\_\_\_\_

**(\*\*Please do not refer us to other information on file, as your student's full record may not be readily available during an emergency.\*\*)**

**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/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# EMERGENCY INFORMATION 2009-2010

4. Insurance

Student Name: \_\_\_\_\_

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

**\*\*International students** are required to purchase school insurance and may bypass this page\*\*

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

Insurance Company Name: \_\_\_\_\_ Group/ID number \_\_\_\_\_

Is pre-authorization necessary for any type of treatment? No  Yes  Phone \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_ Subscriber Date of Birth \_\_\_ / \_\_\_ / \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Fax \_\_\_\_\_

Does your student have domestic, supplemental health insurance through the school?  No  Yes

Please attach a **LEGIBLE** photocopy of the **front** of the insurance card in the space below

Front of insurance card here.

Please attach a **LEGIBLE** photocopy of the **back** of the insurance card in the space below

Back of insurance card here.

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



**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: \_\_\_\_\_



## PHOTO REQUEST

We request of new students that you send a small photograph of yourself before your arrival to Walnut Hill.

Please attach your photograph in the space below, and complete the requested information.

(ATTACH PHOTO HERE)

Student Name: \_\_\_\_\_  
(please print)

Major: \_\_\_\_\_

Grade: \_\_\_\_\_



## DORM ROOM PREFERENCE (BOARDING STUDENTS ONLY)

Housing for new students at Walnut Hill is in doubles, triples or quads. Please note that most dorm rooms are furnished with lofted or bunked beds. Dorm and room assignments are not available until you have completed registration on the day of your arrival. Due to the variation in dorms, we regret we cannot provide measurements for curtains and rugs.

While we try to consider your interests when making your room and/or roommate assignment, **we are unable to guarantee specific requests.** Please complete all questions on this form honestly to assist us in creating a compatible situation for you.

Student Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Major: \_\_\_\_\_ Male or Female?

-- Check one of each of the following:

- a. I prefer to go to bed between: \_\_\_\_\_ and \_\_\_\_\_ on weekdays and  
between: \_\_\_\_\_ and \_\_\_\_\_ on weekends.
- b. I prefer to wake up between: \_\_\_\_\_ and \_\_\_\_\_ on weekdays and  
between: \_\_\_\_\_ and \_\_\_\_\_ on weekends.
- c. I am generally a light / heavy sleeper (*circle one*)
- d. I prefer to keep my window open \_\_\_\_ closed \_\_\_\_
- e. I am generally neat \_\_\_\_ messy \_\_\_\_
- f. I would have a hard time living with someone who is neat \_\_\_\_ messy \_\_\_\_
- g. \_\_\_\_ When studying I am easily distracted.  
or  
\_\_\_\_ When studying, I can concentrate even with distractions.
- h. I prefer to live in a larger dorm \_\_\_\_ a smaller dorm \_\_\_\_

**Please use the space below to provide us with any other information or special requests to be considered as dorms/rooms are assigned:**



Walnut Hill School
Proposed Course of Study 2009-2010

Student Name:

Year of Graduation:

Major:

Students are required to carry a minimum of 4 academic credits; these include Art History, Music History, and Music Theory)

Directions:

- 1. Place a check mark on the line next to the courses you wish to take next year.
2. Please sign on the lines provided at the bottom of this form.

Humanities

English

- English
English 10
English 11
English 12
Sr. Seminar in Literature (grade 12 by application only)
American Studies: Literature & History of the U.S.
Humanities Seminar (grades 11-12).....a.k.a. Art & Power
Intro. to Creative Writing (grades 11-12)

History

- World History I (grade 9)
World History II (grade 10)
U.S. History (grade 11)
The Twentieth Century (grade 12)
Art History & Culture\* (grade 12)
(\*This is not a credit towards the History requirement)

English as Second Language (ESL)

- ESL I
ESL II
ESL III
ESL I: Conversation
ESL II: Study Skills

Math

- Algebra 1
Geometry
Intro. Algebra 2
Adv. Algebra 2
Precalculus
Calculus
Acc. Calculus
Statistics

Science

- Biology
Chemistry
Acc. Chemistry
Biology 2
Chemistry 2
Physics
Science & Social Issues (gr. 12)

World Languages

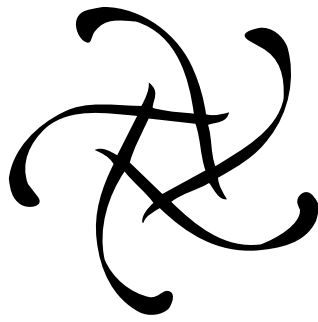
- French 1
French 2
French 3
French 4
French 5
French 6
Spanish 1
Spanish 2
Spanish 3
Spanish 4
Spanish 5
Spanish 6

Music (Music majors only)

- Music Theory 1
Music Theory 2
Music History
Music Theory 3

Student Signature (and Date)

Parent Signature (and Date)



WALNUT HILL

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**STUDENT MEDICAL FORMS  
FOR NEW STUDENTS  
2009-2010**

All forms in this booklet must be completed and returned  
**no later than August 1<sup>st</sup>, 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:

School Nurse  
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 Gendreau, Director of Health Services at (508) 650-5030



Dear Parents,

Health Services works closely with students, parents, and other adults at Walnut Hill to make sure that everyone has a safe and successful year. Following this letter you will find all forms needed to complete your registration with Health Services. **Students will not be given their room assignments or be permitted to attend class until they have been cleared by the Health Center on their day of arrival.**

### **REQUIRED IMMUNIZATIONS**

The Massachusetts Department of Public Health requires that all immunizations be completed before attendance at Walnut Hill.

**\*\*\*Students will not be able to begin classes unless immunizations are complete.\*\*\***

### **EVERY STUDENT NEEDS:**

- 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.*
- 4 Polio doses
- 2 MMR (Measles Mumps and Rubella) doses
- 3 Hepatitis B doses (or newer series of 2 shots)
- 1 Varicella (Chicken Pox): Not required if the student has documentation of having had the disease.
- 1 Meningitis vaccine for all day and boarding students

### **INTERNATIONAL STUDENTS ALSO NEED:**

- Tuberculin Test with results (and treatment plan if needed)

**\*\*\*New international students arriving to school without a Tuberculin Test will be sent to a homestay off campus until a test is administered and read.\*\*\***

Walnut Hill follows the guidelines published by the Commonwealth of Massachusetts Department of Public Health, which require TB tests for all non-US born individuals. These students need to arrive on campus with the results of a Mantoux skin test for tuberculosis. This test is not done routinely during a physical exam. Please ask for this test from your primary care provider. If this test is necessary, it is the parents' responsibility to have this test completed within 6 months prior to arriving on campus.

**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.**

### **PHYSICALS FOR NEW STUDENTS**

New Students must have a physical examination completed by a licensed MD **within six months of September 1, 2009** (that is: completed after March 1, 2009).

## **MEDICATION**

To ensure the health and safety of all students, Walnut Hill requires that all student medications be kept at Health Services. Students are prohibited from possessing or taking any prescription medication or over-the-counter (OTC) medication without the direct supervision of the School Nurse. The school provides over 20 OTC medications to students including: acetaminophen, ibuprofen, cold medicines, digestive medicines for nausea and diarrhea, topical medicines like hydrocortisone and bacitracin, etc.

With that being said:

- **Please do not bring over-the-counter medication to school** unless your doctor recommends a medication not supplied by the health center. Please call the health center with questions regarding this. When ill, students must go to Health Services rather than use over-the-counter medication in their room.
- **Please bring ALL medications (prescription and OTC) and dietary supplements to health services at registration to discuss with the nurses.**
- **If your child takes prescription medication**, you and your health care provider will need to complete the Medication Order form in the enclosed booklet.
- **Pharmacy information:** The school uses Andrews Pharmacy in Wellesley for prescription refills. We will provide the pharmacy with your insurance information at the beginning of the year but, if your insurance information changes during the school year, you must contact Andrews Pharmacy with the new information at (781) 235-1001.

**\*\*\*Students will not be able to get their room assignments until all medications and supplements are brought to the Health Center, so please do not put them in suitcases.\*\*\***

## **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.

Specific information regarding Physical Therapy services for the 2009-2010 school year will be sent later in the summer. There are additional fees 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.

### **School Doctor**

Walnut Hill has a medical doctor who sees students as needed. All appointments are charged to your insurance plan. Transportation to off-campus appointments are charged home.

Sincerely,

Rosalind M. Gendreau, RN, BSN  
Director of Health Services



**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 appropriate insurance through their parents. Students not covered by insurance will not be allowed to begin classes.

We highly recommend the all parents/ guardians investigate insurance coverage **before** the student arrives at school to ensure coverage in the Natick area. Our suggestions include:

- Investigating Emergency and non-emergent coverage.
- If there is no non-emergent coverage, ask you insurance company about out-of-state supplementary plans in case your student needs to see the school doctor or a specialist while at Walnut Hill (this would be similar to a college student plan).
- If there is no or minimal out-of-state coverage, we highly recommend you buy the school's supplemental insurance to ensure your student is medically covered while at Walnut Hill.

We also suggest sending copies of supplementary coverage cards (dental, prescription, supplemental insurance, etc.) with the registration information.

**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 2009-2010

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 (\$1,595.00)**

**Coverage: 8/15/2009- 8/14/2010**

*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 (\$636.00)**

**Coverage: 8/15/2009– 8/14/2010**

*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, 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.



## 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:**

<b>Menstrual History (For Women Only)</b>	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 Name \_\_\_\_\_

## STUDENT HEALTH HISTORY

**TO BE COMPLETED BY PARENTS**

Page 2: Health History

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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: Boarding students with EpiPens are required to bring two (2) to school**

**Additional 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 Name \_\_\_\_\_

**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:

<b>Medical Concern</b>	<b>Yes</b>	<b>No</b>	<b>Comments- Treatment and Approximate Dates</b>
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			
Dietary Restrictions, Digestive Dis.			
Orthopedic Disorder			
Menstrual/ Genitourinary Dis.			
Chicken Pox			
Mononucleosis			
Other (please specify)			
<b>Psycho/Social Concerns</b>			
ADD/ADHD			
Other Psychological diagnoses			
History of Psychiatric Admissions			
History of Self-Injurious behavior			
Eating disorders			
Other (please specify)			

**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 sides 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

### ALLERGY HISTORY:

Does the patient have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this patient carry an EpiPen? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*Note: Boarding students with EpiPens are required to bring two (2) to school**

Please describe allergen, typical response and treatment plan.

Allergen	Typical Reaction	Treatment

### SPECIAL RECOMMENDATIONS WHILE ATTENDING SCHOOL:

Please describe any activity and/ or dietary restrictions that we should be aware of:

**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.**

**ADDITIONAL INFORMATION:** We would appreciate any additional information you may have that would help us to provide optimal care for this individual

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: \_\_\_\_\_

**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 medication \_\_\_\_\_ prescribed by \_\_\_\_\_ to my child \_\_\_\_\_.

\_\_\_\_\_  
(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 guideline 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 while my child is a student at Walnut Hill.

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.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**For Students:** I hereby agree with the statements above and consent for the release of information as needed in the event that I turn 18 years old while at Walnut Hill.

\_\_\_\_\_  
Student's Signature **(to be signed by all students)**

\_\_\_\_\_  
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).

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### 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

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Date of order: \_\_\_\_\_ Discontinuation Date: \_\_\_\_\_

Name of Licensed Prescriber (print) \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Meningococcal Disease Information and Waiver**

Revised legislation in Massachusetts now requires all newly enrolled full-time students attending a secondary school (e.g., boarding schools) or postsecondary institution (e.g., colleges) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution to:

1. receive meningococcal vaccine; or
2. fall within one of the exemptions in the law, which are discussed on the following page

The law provides an exemption for students signing a waiver that reviews the dangers of meningococcal disease and indicates that the vaccination has been declined. To qualify for this exemption, you are required to review the information below and sign the waiver at the end of this document. Please note, if a student is under 18 years of age, a parent or legal guardian must be given a copy of this document and must sign the waiver.

### **What is meningococcal disease?**

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue that surrounds the brain and spinal cord called the "meninges" and cause meningitis, or they can infect the blood or other body organs. In the US, about 1,000-3,000 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who live, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

### **How is meningococcal disease spread?**

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing or sneezing.

### **Who is at most risk for getting meningococcal disease?**

People who travel to certain parts of the world where the disease is very common are at risk, as are military recruits who live in close quarters. Children and adults with damaged or removed spleens or an inherited disorder called "terminal complement component deficiency" are at higher risk. People who live in settings such as college dormitories are also at greater risk of infection.

### **Are some students in college and secondary schools at risk for meningococcal disease?**

College freshmen living in residence halls or dormitories are at an increased risk for meningococcal disease as compared to individuals of the same age not attending college. The setting, combined with risk behaviors (such as alcohol consumption, exposure to cigarette smoke, sharing food or beverages, and activities involving the exchange of saliva), may be what puts college students at a greater risk for infection. There is insufficient information about whether new students in other congregate living situations (e.g., residential schools) may also be at increased risk for meningococcal disease. But, the similarity in their environments and some behaviors may increase their risk.

The risk of meningococcal disease for other college students, in particular older students and students who do not live in congregate housing, is not increased. However, meningococcal vaccine is a safe and efficacious way to reduce their risk of contracting this disease.

### **Is there a vaccine against meningococcal disease?**

Yes, there are currently 2 vaccines available that protect against 4 of the most common of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. Meningococcal polysaccharide vaccine is approved for use in those 2 years of age and older and meningococcal conjugate vaccine is approved for use in those 2-55 years of age. Both of the vaccines provide protection against four serogroups of the bacteria, called groups A, C, Y and W-135. These four serogroups account for approximately two-thirds of the cases that occur in the U.S. each year. Most of the remaining one-third of the cases are caused by serogroup B, which is not contained in either vaccine. Protection with the meningococcal polysaccharide vaccine is not lifelong; it lasts about 3 to 5 years in healthy adults (some people may be protected longer.) The meningococcal conjugate vaccine is expected to help decrease disease transmission and provide more long-term protection.

### **Is the meningococcal vaccine safe?**

A vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions. Getting meningococcal vaccine is much safer than getting the disease. Some people who get meningococcal vaccine have mild side effects, such as redness or pain where the shot was given. These symptoms usually last for 1-2 days. A small percentage of people who receive the vaccine develop a fever. The vaccine can be given to pregnant women.

A few cases of Guillain-Barré syndrome (GBS), a rare but serious nervous system disorder, have been reported among people who received meningococcal conjugate vaccine. This information is still being evaluated by health officials. An ongoing risk of serious meningococcal disease exists. At this time, experts continue to recommend vaccination for those at increased risk of acquiring meningococcal disease. However, persons who have had GBS should generally not receive meningococcal conjugate vaccine, and should talk to their doctor about their other options for vaccination.

### **Is it mandatory for students to receive meningococcal vaccine for entry into secondary schools or colleges that provide or license housing?**

Massachusetts law (MGL Ch. 76, s.15D) requires newly enrolled full-time students attending a secondary school (those schools with grades 9-12) or postsecondary institution (e.g., colleges) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution to receive meningococcal vaccine. At affected secondary schools, the requirements apply to all new full-time residential students, regardless of grade (including grades pre-K through 8) and year of study. All students covered by the regulations must provide documentation of having received a dose of meningococcal polysaccharide vaccine within the last 5 years (or a dose of meningococcal conjugate vaccine at any time in the past), unless they qualify for one of the exemptions allowed by the law. Whenever possible, immunizations should be obtained prior to enrollment or registration. However, students may be enrolled or registered provided that the required immunizations are obtained within 30 days of registration.

Students may begin classes without a certificate of immunization against meningococcal disease if: 1) the student has a letter from a physician stating that there is a medical reason why he/she can't receive the vaccine; 2) the student (or the student's parent or legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against his/her sincere religious belief; or 3) the student (or the student's parent or legal guardian, if the student is a minor) signs the waiver below stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided elected to decline the vaccine.

### **Where can a student get vaccinated?**

Students and their 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 and college health services are not required to provide you with this vaccine.

### **Where can I get more information?**

- Your healthcare provider
  - The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or [www.mass.gov/dph/imm](http://www.mass.gov/dph/imm) and <http://www.mass.gov/epi>
  - Your local health department (listed in the phone book under government)
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## Waiver for Meningococcal Vaccination Requirement

I have received and reviewed the information provided on the risks of meningococcal disease and the risks and benefits of meningococcal vaccine. I understand that Massachusetts' law requires newly enrolled full-time students at secondary schools, colleges and universities who are living in a dormitory or congregate living arrangement licensed or approved by the secondary school or postsecondary institution to receive meningococcal vaccinations, unless the students provide a signed waiver of the vaccination or otherwise qualify for one of the exemptions specified in the law.

After reviewing the materials above on the dangers of meningococcal disease, I choose to waive receipt of meningococcal vaccine.

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student ID or SSN: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Student or parent/legal guardian, if student is under 18 years of age)

Date: \_\_\_\_\_

Please return with all other health and or registration materials.

## Optional Influenza Vaccine Program

Dear Parent/ Guardian:

The Walnut Hill School is happy to announce that we will offer the inactivated influenza vaccine ("the flu vaccine") to all students pending Department of Public Health (DPH) allotment. Deciding whether or not to vaccinate is an exclusive decision between you and your student. Please review the Vaccine Information Statement about the vaccine in order to make an informed decision that you and your student are comfortable with. We, at Walnut Hill, encourage the vaccine in this communal setting to prevent a rapid spread of the flu.

If you choose to have your student vaccinated, it will be administered as soon as it is available through the DPH in the fall. Vaccines are given in the health center and are administered by the nurses.

Please specify if you would like your student to receive the vaccine or not. A charge of \$15 will be charged home at the time of administration if you would like your student to receive it.

Please contact the health center with any concerns or questions.

Sincerely,

Rosalind M. Gendreau, RN, BSN  
Director of Health Services  
(508) 650-5030

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### Influenza Vaccine Permission Form

I \_\_\_\_\_, parent/ guardian of \_\_\_\_\_, have received the Vaccine Information Statement regarding the inactivated influenza vaccine.

I would like my student to receive the vaccine when it becomes available to the Walnut Hill School during this academic year. I understand there will be a charge home fee of \$15 on the date of administration.

-OR-

I would not like my student to receive the vaccine through the Walnut Hill School.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

# INACTIVATED INFLUENZA \ VACCINE

## What you need to know 2009-2010

### Why get vaccinated?

Influenza ("flu") is a contagious disease. It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions. Other illnesses can have the same symptoms and are often mistaken for influenza. But only an illness caused by the influenza virus is really influenza. Anyone can get influenza, but rates of infection are highest among children. For most people, it lasts only a few days. It can cause: · fever · sore throat · chills · fatigue · cough · headache · muscle aches. Some people get much sicker. Influenza can lead to pneumonia and can be dangerous for people with heart or breathing conditions. It can cause high fever, diarrhea and seizures in children. On average, 226,000 people are hospitalized every year because of influenza and 36,000 die – mostly elderly. Influenza vaccine can prevent influenza.

### Inactivated influenza vaccine

There are two types of influenza vaccine:

1. Inactivated (killed) vaccine, or the "flu shot" is given by injection into the muscle. 2. Live, attenuated (weakened) influenza vaccine is sprayed into the nostrils. This vaccine is described in a separate Vaccine Information Statement.

Influenza viruses are always changing. Because of this, influenza vaccines are updated every year, and an annual vaccination is recommended.

Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. When there is a close match the vaccine protects most people from serious influenza-related illness. But even when there is not a close match, the vaccine provides some protection. Influenza vaccine will not prevent "influenza-like" illnesses caused by other viruses.

It takes up to 2 weeks for protection to develop after the shot. Protection lasts up to a year.

Some inactivated influenza vaccine contains a preservative called thimerosal. Some people have suggested that thimerosal may be related to developmental problems in children. In 2004 the Institute of Medicine reviewed many studies looking into this theory and concluded that there is no evidence of such a relationship. Thimerosal-free influenza vaccine is available.

### Who should get inactivated influenza vaccine?

All children 6 months and older and all older adults:

- All children from 6 months through 18 years of age.
- Anyone 50 years of age or older.

Anyone who is at risk of complications from influenza, or more likely to require medical care:

- Women who will be pregnant during influenza season.
- Anyone with long-term health problems with:
  - Anyone with a weakened immune system due to: -HIV/AIDS or other diseases affecting the immune system -long-term treatment with drugs such as steroids -cancer treatment with x-rays or drugs
  - Anyone with certain muscle or nerve disorders (such as seizure disorders or cerebral palsy) that can lead to breathing or swallowing problems.
  - Anyone 6 months through 18 years of age on long-term aspirin treatment (they could develop Reye Syndrome if they got influenza).
  - Residents of nursing homes and other chronic-care facilities.

Anyone who lives with or cares for people at high risk for influenza-related complications:

- Health care providers.
- Household contacts and caregivers of children from birth up to 5 years of age.
- Household contacts and caregivers of -people 50 years and older, or -anyone with medical conditions that put them at higher risk for severe complications from influenza.

Health care providers may also recommend a yearly influenza vaccination for:

- People who provide essential community services.
  - People living in dormitories, correctional facilities, or under other crowded conditions, to prevent outbreaks.
  - People at high risk of influenza complications who travel to the Southern hemisphere between April and September, or to the tropics or in organized tourist groups at any time.
- Influenza vaccine is also recommended for anyone who wants to reduce the likelihood of becoming ill with influenza or spreading influenza to others.

### When should I get influenza vaccine?

Plan to get influenza vaccine in October or November if you can. But getting vaccinated in December, or even later, will still be beneficial in most years. You can get the vaccine as soon as it is available, and for as long as illness is occurring in your community. Influenza can occur any time from November through May, but it most often peaks in January or February.

Most people need one dose of influenza vaccine each year.

Children younger than 9 years of age getting influenza vaccine for the first time – or who got influenza vaccine for the first time last season but got only one dose – should get 2 doses, at least 4 weeks apart, to be protected.

Influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

### Some people should talk with a doctor before getting influenza vaccine

Some people should not get inactivated influenza vaccine or should wait before getting it.

- Tell your doctor if you have any severe (life-threatening) allergies. Allergic reactions to influenza vaccine are rare. -Influenza vaccine virus is grown in eggs. People with a severe egg allergy should not get the vaccine. -A severe allergy to any vaccine component is also a reason to not get the vaccine. -If you have had a severe reaction after a previous dose of influenza vaccine, tell your doctor.
- Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). You may be able to get the vaccine, but your doctor should help you make the decision.
- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor or nurse about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

### What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

Mild problems:

- soreness, redness, or swelling where the shot was given
- fever
- aches If these problems occur, they usually begin soon after the shot and last 1-2 days.

### Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, a type of influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

### What if there is a severe reaction?

#### What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

#### What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967. VAERS does not provide medical advice.

### The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has a serious reaction to a vaccine. For more information about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

#### How can I learn more?

- Ask your immunization provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC): -Call 1-800-232-4636 (1-800-CDC-INFO) -Visit CDC's website at [www.cdc.gov/flu](http://www.cdc.gov/flu)



**DEPARTMENT OF HEALTH AND HUMAN SERVICES**



Centers for Disease Control and Prevention