

PART 1 – STUDENT INFORMATION				
Student LAST Name:	Student FIRST Name:	DOB:	Age:	
Address (No. and Street):		City:	State:	Zip:
Phone:	Student E-mail:	Demographics: <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural		
Student's Race:	Student's Ethnicity:			
Student's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender (M to F) <input type="checkbox"/> Transgender (F to M) <input type="checkbox"/> Non-Binary				
PARENT / LEGAL GUARDIAN INFORMATION				
LAST Name:	FIRST Name:	E-mail:		
Address (No. and Street, if different from above):		City:	State:	Zip:
Daytime Phone #:	Cell Phone #:	Evening Phone #:		
Caregiver Relationship to Child:		Language(s) spoken in home:		
EMERGENCY NOTIFICATION IF LEGAL GUARDIAN IS UNAVAILABLE				
LAST Name:	FIRST Name:	E-mail:	Relationship:	
Daytime Phone #:	Cell Phone #:	Evening Phone #:		
LAST Name:	FIRST Name:	E-mail:	Relationship:	
Daytime Phone #:	Cell Phone #:	Evening Phone #:		
REFERRAL INFORMATION				
Referring Agent Name:	Agency Name:	E-mail:		
Address (No. and Street, if different from above):		City:	State:	Zip:
Daytime Phone #:	Cell Phone #:	Evening Phone #:		
Is another agency involved in this referral: <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please provide agency information below.				
Referring Agent Name:	Agency Name:	E-mail:		
Address (No. and Street, if different from above):		City:	State:	Zip:
Daytime Phone #:	Cell Phone #:	Evening Phone #:		

**PART II – CONSENT AND WAIVER**

The Wilderness School conducts physically demanding courses of up to twenty days in length. The program is not a summer camp experience. The student must be emotionally as well as physically prepared for the rigorous demands of the experience. Students participate in back country expeditions that may include hiking, canoeing, rock climbing, a high ropes course, a service project, an 8.5-mile marathon run and a solo experience. Students sleep in tarps inside sleeping bags for the entire course. Students carry thirty to fifty pound backpacks on average of eight miles per day and for extended periods.

All participants must be free of all medical or physical conditions that might create undue risk to themselves or others who depend upon them. All medication is supervised by Wilderness School staff. Wilderness School requires that each youth submit a copy of their State of CT Department of Education, Health Assessment Record dated within two calendar years of the course start date. There are three Medication Administration forms – one is for Non-Prescription Medication (OTC) - we recommend that students be authorized for either ibuprofen or acetaminophen as well as anything else that the youth may need. If the applicant is taking any prescription medication that is prescribed by a Pediatrician, please have the prescriber complete the Medication Authorization (Pediatric) form. If the youth is taking medication prescribed by a Psychiatrist or mental health professional, please have the prescriber complete the Medication Authorization (Psychiatric).

The Wilderness School provides ample and nutritious meals prepared by the student. Special dietary requirements cannot always be met. All drinking water from natural sources is purified by boiling or by use of a chemical (iodine) water purification treatment. Personal hygiene and self-care are limited to a primitive wilderness setting (cold water bathing). Toilet facilities are limited to latrines and outhouses. Expeditions occur in remote areas and in all types of weather, including wind, rain, cold, heat and electrical storms. Additional environmental hazards include potential exposure to diseases such as Rabies, Lyme disease, or Giardia through contact with animals, insect bites and stings. Due to the remote environment, contact with students is through mailed correspondence only. While the course is stressful, it is expected that any person with normal physical and mental abilities can complete the program successfully. The use of tobacco, alcohol, and illicit drugs is prohibited.

**Acknowledgement of potential risks, appropriate behaviors, permissions and emergency medications**

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| 1. | There are certain inherent risks to be assumed when participating in activities of a physical nature and the student may risk personal injury. Wilderness School Instructors will inform students of safety rules and will conduct all activities in a safe manner. Students also have a role in maintaining the safety of the group. Students should call to the attention of the Instructors any situation that seems to be a possible danger to any Wilderness School student or staff. This could include: A. Broken equipment; B. Feeling sick or very tired; C. Having considerable trouble performing or learning a skill. I acknowledge that I have been advised of the potential risks. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | We have read the above information and understand the physical and stressful nature of the 20-Day, 7-Day or 5-Day Expedition, and the nature of the student population. Consent is granted for the student to attend the Wilderness School and to participate in the Follow-Up activities of the program. As a student, I will wear any required equipment, and follow the directions of the Wilderness School staff at all times. I understand Behavioral Policy violations or other inappropriate behaviors will lead to removal from the course   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Permission is granted for the student to be transported in a motor vehicle operated by an employee of the Department of Children and Families to and from Wilderness School activity sites.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Permission is granted by the parent/guardian and student identified above for any medical treatment, emergency anesthesia and/or operation that might become necessary. For DCF Committed Youth Only: Permission will be obtained from DCF Worker or DCF Careline for any medical treatment.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Emergency Medications: As allowed by the State Legislature, the Wilderness School Youth Camp Physician will provide standing orders for Wilderness School Staff to use Epinephrine and Diphenhydramine (i.e. Benadryl) in life threatening emergency situations in wilderness settings. All staff are trained in emergency use and administration. Medication is supplied by Wilderness School. As parent/legal guardian, I approve of the use of Epinephrine and Diphenhydramine (i.e. Benadryl) for my son/daughter/ward in the event of a life threatening emergency.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Student Photo/video Release**

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|---|---|--|
| 1 | Permission is granted for the Department of Children and Families to photograph the below named student and create slide documentation of the Wilderness School course.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | Permission is granted to the Department of Children and Families to use the photographs and slides in all aspects of Wilderness School functions including slide shows, orientations and also public information materials such as newsletters, websites, brochures or pamphlets and newspaper or journal articles. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 | Permission is granted to the Department of Children and Families to use the photographs and slides in all aspects of Wilderness School functions including slide shows, orientations and also public information materials such as newsletters, websites, brochures or pamphlets and newspaper or journal articles. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 | I understand that the student listed below will be identified by first name only in any material available to the public. I authorize the use of any such photographs or slides of me without restriction as to time, except that I retain the right to revoke this authorization at any time.                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Parent/Caregiver Name:

Parent/Caregiver Signature:

Date:

Referring Agent/SW Name

Referring Agent/SW Signature

Date:

**ENROLLMENT**

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

**Session 1**

- ☐ 20-Day Course, Boys, age 13-17 (Th, June 28 – Tue, July 17, 2018)
- ☐ 5-Day Course, Boys age 13-17, (Fri. June 29 –Tue. July 3, 2018)
- ☐ 5-Day Course, Girls, age 13-16 (Mon. July 9 – Fri. July 13, 2018)
- ☐ 5-Day Course, Boys, age 13-16 (Mon. July 9 – Fri. July 13, 2018)

**Session 2**

- ☐ 20-Day Course, Girls, age 13-17 (Th., July 26 – Tue, August 14, 2018)
- ☐ 20-Day Course, Boys age 13-17 (Th., July 26– Tue, August 14, 2018)
- ☐ 7-Day, Co-Ed Alumni/Leadership, age 14-18 (Fri, July 27 – Th. Aug. 2, 2018)
- ☐ 5-Day, Girls, age 15-19 (Mon, Aug. 6 – Fri. Aug. 10, 2018)
- ☐ 5-Day Boys, age 15-19, (Mon. Aug. 6 – Fri. Aug. 10, 2018)

**PART III – EMERGENCY EPINEPHRINE**

As authorized by the State of CT Legislature, the Wilderness School Youth Camp Physician will provide standing orders for Wilderness School Staff to use Epinephrine and Diphenhydramine (i.e. Benadryl) in life threatening emergency situations in wilderness settings. All staff are trained and certified in emergency use and administration by the Wilderness School Youth Camp Physician. Medication is supplied by Wilderness School.

Medication	Dosage & Frequency	Route	Reason for medication	Parent Signature
Epinephrine (Epi-Pen, 0.3 mg)	As needed in Medical Emergency	Injection (Subcutaneous)	Life threatening emergency in a wilderness setting	
Antihistamine, Diphenhydramine HCL, 25 mg caplet	As needed in Medical Emergency	Oral	Life threatening emergency in a wilderness setting	

**PART IV – AUTHORIZATION FOR DISCLOSURE OF INFORMATION**

I authorize the Wilderness School to disclose/obtain the information indicated below pertaining to :

Student Name

DOB:

To / From (List all appropriate providers, referring agents and/or individuals:

This authorization covers information files and records even though such are considered confidential by the source, i.e. schools, doctors, or hospitals and includes, but is not limited to, juvenile or adult court records, police records, psychiatric records, medical records (including HIV-related information), and reports from the Wilderness School.

This consent to disclose/obtain may be revoked by me by a written request at any time. This consent expires upon completion of the three-phase (Orientation, Expedition, and Follow-up) Wilderness School program

Confidentiality of records is required by Connecticut Statutes, Chapter 320, Section 17-431. Therefore, the received information shall not be transmitted to a third party without prior consent or other authorization as provided in the statutes.

Pursuant to Connecticut Public Act 89-246, parties to whom this information is disclosed will be informed:

This information has been disclosed to you from records whose confidentiality is protected by State Law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law. A general authorization for the release of medical or other information is not sufficient for this purpose.

Student Signature

Date:

Parent/Caregiver Signature:

Date:

**PART V – TUITION AGREEMENT**

This agreement is between the State of Connecticut Department of Children and Families Wilderness School and the Referring Agency and/or family.

Applicant LAST Name:		Applicant FIRST Name:		Legal Guardian LAST Name :		Legal Guardian FIRST Name:	
Guardian Address (No. and Street):				City:		State: Zip:	
Referring Agent LAST Name:		Referring Agent FIRST Name:		Relationship:			
Referring Agency Address (No. and Street):				City:		State: Zip:	
Funding Agency, (if different from Referring Agency)			Funding Agency Contact Name:			Funding Agency Phone #:	
Funding Agency Address (No. and Street):				City:		State: Zip:	
Applicant Status (please check one): <input type="checkbox"/> Committed-Abuse/Neglect <input type="checkbox"/> Committed-Delinquent <input type="checkbox"/> Committed-Dual <input type="checkbox"/> Not Committed <input type="checkbox"/> FWSN <input type="checkbox"/> Not DCF involved							
DCF Prevention Services (please check one): <input type="checkbox"/> FWSN <input type="checkbox"/> Juvenile Redirection <input type="checkbox"/> PYDI <input type="checkbox"/> State of CT Judicial Branch <input type="checkbox"/> CSSD							
Indicate source(s) of tuition below: Total = \$2,000.00 for 20-day Expeditions and \$600.00 for 5-day Expeditions or 7-Day Expedition <input type="checkbox"/> Agency Payment/Amount: <input type="checkbox"/> Family Payment/Amount: <input type="checkbox"/> Other/Amount:							
1 <b>DCF Tuition Payment:</b> Any applicant that is involved with DCF (committed and non-committed) must have tuition authorized by the Area Office. DCF Social Workers must sign the tuition agreement form, indicating appropriate use of agency funds.							
2 <b>Tuition Fee:</b> The tuition fee of the Wilderness School 20-Day Expedition is \$2,000.00. This fee includes all phases of the Orientation, 20-Day Expedition, and Follow-Up Programs as detailed in the Wilderness School website. The tuition fee of all Wilderness School 5-Day and 7-Day Expeditions is \$600.00. This fee includes all phases of the Orientation, Expedition, and Follow-Up Programs as detailed in the Wilderness School website.							
3 <b>When to Make Payment:</b> All tuition payments by private parties other than Referring Agencies (i.e. family payments) must be made in full after an applicant's acceptance to the Expedition and prior to the course start.							
4 <b>Acceptable Forms of Payment:</b> All tuition payments by private parties other than Referring Agencies must be made with a bank check or money order only. No personal checks or cash may be accepted.							
5 <b>How to Make Payment:</b> Bank checks or money orders must be made payable to DCF/Wilderness School and may be sent c/o Wilderness School, 240 North Hollow Road, East Hartland, CT 06027, Attn: Enrollment Office.							
<b>Refund Policies:</b> 6 a) All tuition payments will be fully refunded if cancellation occurs prior to the course starting date. b) If a student leaves a course within the first three (3) days for medical reasons, one-half of the tuition will be refunded. After three (3) days, there will be no refund c) If a student leaves a course for non-medical reasons, there will be no refund.							
Student Acceptance: Applicants for Expeditions are enrolled when Referring Agency staff have received a formal Letter of Acceptance from the Wilderness School Enrollment Office stating all Application Materials are completed to a satisfactory degree, including: Receipt of a signed Tuition Agreement and payment in full ten days prior to the beginning of the Expedition for any full or partial family payments; Acceptance of all Applications Materials by the Wilderness School.							
Tuition Agreement: The Wilderness School, a program of the State of Connecticut, Department of Children & Families, will provide services as outlined on the Wilderness School website. Wilderness School expeditions may include backpacking, hiking, rock climbing and rappelling, canoeing, a solo, a day of service, an 8.5 mile marathon, the high ropes course, problem solving tasks, group discussions, graduation ceremonies, and follow-up activities. Tuition Agreement is valid for 1 year from date.							
<b>I fully understand and will abide by the tuition policy of the Wilderness School</b>							
Name of party responsible for tuition payment:				Signature of party responsible for tuition payment:			Date: