2020-2021
HEALTH FORMS
Return date: July 15, 2020

STEPS FOR ONLINE COMPLETION:

COMPLETE all required "fillable" areas online. Then…

1. **PRINT entire health form.**

2. **SIGN pages where indicated by ★. In some cases, both parent and student signature is required.**

3. **ATTACH a copy of health insurance card and prescription insurance card where indicated. (In many cases, these are the same card.)**

4. **Bring TURQUIOSE highlighted Health Form pages to healthcare provider for completion. These include:**
   - Student Health History Form
   - Physical Exam
     The Hill School mandates all students submit a new health form annually, including documentation of a physical exam performed by his/her healthcare provider and completed **AFTER** May 1, 2020 (4 months prior to the start of the first day of school).
     - The Wellness Center will NOT ACCEPT a physical exam performed by a healthcare provider who is also the student's parent.
     - Many healthcare providers prefer to use their own physical form. These are acceptable. Please ensure the SPORTS ACTIVITY CLEARANCE is specified.
   - Complete Immunization History required of ALL students.
   - Medication Order Form

On the first day of school, unless the student has a medical or religious/philosophical exemption signed by a health care provider, the student must have had the below vaccines required by the State of Pennsylvania:

- 4 doses: Tetanus, diphtheria & acellular pertussis (1 dose on/after the 4th birthday) Usually given as DTaP or DTP or DT or Td
- 1 dose: Tdap
- 4 doses: Polio (4th dose on/after the 4th birthday)
  A fourth dose of polio is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose
- 2 doses: MMR
- 3 doses: Hepatitis B
- 2 doses: Varicella (chicken pox) or evidence of immunity with laboratory testing or a history of chickenpox disease
- 2 doses: Meningococcal conjugate vaccine (MCV)
  - first dose MCV given 11-15 years old, a second dose required PRIOR TO ENTRY into 12 grade (6th form)
  - If the first dose is given at 16 years or older, only one dose is required for 6th formers

RETURN all forms **BY MAIL** to the Wellness Center by **July 15, 2020**

The Wellness Center understands that it may be difficult this year particularly to obtain a physical examination appointment at your child's doctor's office before early July. Please consider obtaining a sports physical examination at your local urgent care facility as an alternative. This would be acceptable.

Reminder: Students will ONLY be allowed to participate in on campus sports and classes once health forms are received and reviewed.

General Information and Health Insurance 2020-2021

☐ Day Student ☐ Boarding Student Form: _____ Gender: _____

Student's Name _____ Date of Birth _____
Last First Middle

Home Address _____
Street/P.O. Box City State/Country Zip

Student Resides With: ☐ Both Parents ☐ Father ☐ Mother ☐ Other _____

Parent/Guardian #1	Parent/Guardian #2
Last First	Last First
Address:	Address:
Cell Phone:	Cell Phone:
Email:	Email:
FAX:	FAX:

Please check all that apply to status of parents:

☐ Married ☐ Separated ☐ Divorced ☐ Widowed

☐ Both parents have custody ☐ Only parent #1 has custody ☐ Only parent #2 has custody

Emergency Contact other than parent:

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

LIST STUDENT ALLERGIES AND SIGNIFICANT MEDICAL CONCERNS: _____

EPIPEN: ☐ **NO** ☐ **YES** **EPIPEN required for** _____

Health/Medical Insurance is REQUIRED.

☐ Check here if you have enrolled your child in the United Healthcare Insurance Plan through our school.

ATTACH a FRONT & BACK copy of INSURANCE CARD information HERE

REQUIRED

Attach copy of
FRONT
Of student's
Health Insurance Card
Here

REQUIRED

Attach copy of
BACK
Of student's
Health Insurance Card
Here

Name of parent policy holder _____ **Date of Birth:** _____

STUDENT NAME_____**DATE OF BIRTH** _____

PERMISSIONS / CONSENT TO TREAT

The Hill School requires the following permissions and consents to treat or address medical situations for students, as set forth below. A student's parent or guardian must sign this form before a student may be present on campus or may participate in academic, athletic, and other school-related activities. In addition to these consents, every effort will be made to contact parent(s) or guardian(s) for serious illnesses, serious injuries, serious mental health concerns, hospitalizations, operations or complex treatments.

- I hereby authorize and permit members of The Hill School's medical, counseling, athletic training staff, and other adult representatives to administer care and treatment for my son/daughter during the time of enrollment at The Hill School. Such treatment shall include care and therapy for illness or injury, administration of medication, and treatment deemed necessary in case of an emergency.

- I hereby permit the school Medical Director and the Medical Director's designees to represent me during the time my child is enrolled at The Hill School with full power to authorize and consent to any medical treatment for my child in the event of a medical or surgical emergency, including hospitalization, anesthesia and surgery; and any evaluation or treatment for my child in a healthcare facility such as Pottstown Hospital | Tower Health, medical offices, and including but not limited to labs or imaging such as ultrasounds, X-rays, CT scans, or MRIs.

- To ensure compliance with Pennsylvania State Law regarding school vaccination requirements, I permit the administration of any vaccines by The Wellness Center staff or a designated pharmacist if my child does not have documentation of serologic immunity or documentation proving he/she had already received such vaccines. I agree to pay charges for vaccines administered. The Pennsylvania Department of Health school vaccination requirements may be found at https://www.health.pa.gov/topics/Documents/School%20Health/SIR8.pdf. Provide documentation if the student has a medical or religious/philosophical exemption signed by a health care provider.

- I hereby grant permission to release pertinent medical information to The Hill School Faculty on a need-to-know basis as well as to other healthcare providers to whom my child is referred.

- I understand that this signed document will be photocopied and used as a permission form.

_____

Printed Name of Parent or Guardian

_____ _____

Parent/Guardian Signature Date

STUDENT NAME_____**DATE OF BIRTH** _____

Pharmacy Information – Required for All Students

Even though your child may not be prescribed any medication now, there may be a need for a prescription during the school year. The Hill School Wellness Center maintains a long-standing relationship with a local pharmacy in Pottstown. Most all of our students' prescriptions and requests for over-the-counter medications are filled here and delivered same day to our office. The Prescription Insurance Card information will be shared with this Pharmacy. Costs not covered by the insurance will be billed to the student's Hill School account.

Professional Pharmacy
920 N. Charlotte St.
Pottstown, PA 19464
610-323-2115

Medication allergies: ☐ **No** ☐ **Yes please list:** _____

REQUIRED:

PROVIDE COPY OF FRONT & BACK COPY OF
***PRESCRIPTION INSURANCE* CARD even if** SAME **AS HEALTH INSURANCE CARD**

Attach copy of the
FRONT
Of
PRESCRIPTION INSURANCE CARD
(This may be the same as Health Insurance card)

HERE

Attach copy of the
BACK
Of
PRESCRIPTION INSURANCE CARD
(This may be the same as Health Insurance card)

HERE

LAB INFORMATION –*REQUIRED*

The Hill School Wellness Center uses the services of three laboratories in our local area in the event lab work is necessary.

Please choose the one which is accepted by YOUR CHILD's Insurance:
School Insurance Plan uses all labs listed below.

☐ **Lab Corp** ☐ **Quest** ☐ **Pottstown Hospital Lab**

Student Name: _____ Gender: _____

Date of Birth: (MM/DD/YYYY): _____ Today's Date: _____

Student Health History 2020-2021

Parent/Guardian/ Student
*Complete page this form **before** student's exam. Take completed form to appointment for Health Care Provider review and signature.*

Medicines and Allergies: Please list all prescription and over-the-counter medicine and supplements (herbal/nutritional) the student is currently taking:

_____

_____

Does the student have any allergies? ☐ No ☐ Yes (If yes, list specific allergy and reaction): EpiPen: ☐ No ☐ Yes

_____

☐ Medicines ☐ Food ☐ Environmental ☐ Stinging Insects ☐ Animals

Complete the following section with a check mark in the YES or No column; Complete EXPLANATION section for any YES answers

General Health Information:	Yes	No
Have any ongoing medical conditions: Please Identify ☐ Asthma ☐ Diabetes ☐ Heart Disorder ☐ Thyroid ☐ Mental Health ☐ Substance Abuse Diagnosis Other: _____		
Ever had a surgery?		
Ever had a seizure?		
Had a history of being born without or is missing a kidney, eye, testicle (male), spleen, or any other organ?		
Ever become ill or frequent muscle cramps while exercising in heat?		
Head | Neck Spine		
Been diagnosed with migraine headaches or experience recurring headaches?		
Ever had a head injury or concussion? If so, when? _____		
Noticed or been told student has a curved spine or scoliosis?		
Been diagnosed with hearing deficit or prescribed hearing aides?		
Has any problem with his/her eyes (vision) or had a history of an eye surgery?		
Been prescribed glasses or contact lenses?		
Heart | Lungs		
Ever used an inhaler or taken asthma medicine?		
Ever had the doctor say student has a heart problem?		
If so, check all that apply: ☐ Heart murmur/heart infection ☐ High cholesterol ☐ High blood pressure ☐ Kawasaki Disease Other: _____		
Been told by the doctor to have a heart test (For example. EKG, echocardiogram)?		
Had a cough, wheeze, difficulty breathing, shortness of breath, chest tightness, felt lightheaded or history of fainting during or after exercise?		
Has a history of fainting or lightheadedness not associated with exercise?		
Felt his/her heart race during exercise?		

Bone | Joint	Yes	No
Had a broken or fractured bone, stress fracture, or dislocated joint?		
Had an injury to a muscle, ligament, or tendon?		
Had an injury that required a brace, cast. Crutches, or orthotics?		
Skin		
Had any significant rashes or other skin problem?		
Ever had herpes or a MRSA skin infection?		
Genitourinary		
Had groin pain or a painful bulge or hernia in the groin area?		
Had a history or urinary tract infections or bleeding?		
FEMALES ONLY: Had menstrual period If yes: At what age was her first period: _____ How many periods has she had in the last 12 months: _____ Date of last period: _____		
Social | Learning		
Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, or emotional/mental health condition?		
Had concerns about weight, been trying to gain/lose weight or received a recommendation to gain/los weight?		
Used (or currently uses) tobacco, alcohol, or drugs?		
Had a history of sleep disorder or sleepwalking?		

Family	Occupation	Age	Health Status
Father			
Mother			
Sibling			
Sibling			
Sibling			
Sibling			

I hereby certify that to the best of my knowledge all of the information is true and complete. I give consent for an exchange of health information between The Hill School Wellness Center and the student's health care provider.

Explanation of yes answers:

Signature of Parent/Guardian: _____ Date: _____

Signature of Health Care Provider: _____ Date: _____

PHYSICAL EXAM 2020-2021 Healthcare Provider to Complete

The Wellness Center will NOT ACCEPT a physical exam performed by a Healthcare Provider who is also the student's parent.

Student Name: _____ Date of Birth: _____

List of Allergies: _____ Requires EpiPen: ☐ No ☐ Yes

Physical Measurements

Height_____ Weight_____ BMI_____

BP_____ Pulse_____

Screening Data

Scoliosis: Yes_____ No_____Treatment _____

Vision: Right 20/_____ Left 20/_____ Corrected____

Hearing: Right_____ Left_____ Corrected_____

Sickle cell/trait disease: Yes_____ No_____

	WNL	Abnormal list details
Congenital		
HEENT		
Respiratory		
Cardiovascular		
Gastrointestinal		
Genitourinary		
Musculoskeletal		
Metabolic/Endocrine		
Neuropsychiatric		
Skin		

Tuberculosis (TB) Risk Assessment and Testing*

_____ Yes _____No Does the student have a history of TB or close contact with a person who has/had active TB?

_____ Yes _____No Was the student born in a country with a high prevalence of TB (Africa, Middle East, Asia (except Japan) Central/South America, Caribbean, Mexico, or Eastern Europe)?

_____ Yes _____No Has the student lived or had extensive travel (4 weeks) within the past 5 years in a high prevalence country?

If the answer to all questions is "NO", then no NEW TB test is required. If the answer to any question above is "YES", the student is REQUIRED to have an IGRA BLOOD TEST no more than 4 months prior to attending school. These tests are commercially called Quantiferon Gold and T-Spot. If the TB test is positive, provide a chest x-ray report and details of any drug treatment below.

Furthermore, indicate if the student was previously diagnosed with ACTIVE or LATENT tuberculosis infection:

_____

Circle Test Performed: Blood Test Chest Xray **Date of Test:**_____ **Result:**_____

Treatment Details: _____

Significant Past Medical History:_____

REQUIRED: I have examined the above-named student and declare the following sports activities clearance:

SELECT ONE: ☐**Cleared-No Limitations** ☐**Cleared with Limitations (list)**_____ ☐ **Not Cleared**

If not cleared, explain: _____

Signature of Health Care Provider: _____ Date of Exam: _____

Health Care Provider Printed Name:_____ **Must be after 05/01/2020**

If student is a resident of New Jersey, provider must additionally sign and date below:

Completed Cardiac Assessment Professional Development Module

Signature of Health Care Provider: _____ Date of Exam: _____

MEDICATION ORDER FORM 2020-2021 – Healthcare Provider to complete if applicable

☐ **NOT APPLICABLE**

STUDENT NAME_____**DATE OF BIRTH** _____

DIAGNOSIS _____

Dear Licensed Prescriber,

Your patient is a student at The Hill School and is under your care regarding the management of a prescription medication. School and state regulations require that a written medication order from the licensed prescribing provider be kept on file in the student's medical record.

We work with Pottstown's Professional Pharmacy for prescriptions and refills. *Please be sure to discuss a plan for your patient to obtain prescription refills from you so that there is no interruption of his/her medication. Feel free to contact the Wellness Center directly with any questions.

Thank you for your prompt reply,

The Hill School Wellness Center Team

**To transfer or phone in a prescription to Professional Pharmacy, use the following contact information:*
Professional Pharmacy | 920 N. Charlotte Street | Pottstown, PA 19464 | Phone: 610-323-2115 | Fax: 610-323-2334

Prescribing Provider *signature*:_____**Date:** _____

Address _____

Phone_____ Fax _____

Medication Ordering Information

Medication Name	Dose	Frequency	Route	PRN	Comments

COMPLETE IMMUNIZATION HISTORY 2020-2021 Healthcare Provider to complete

STUDENT NAME_____**DATE OF BIRTH** _____

ALL STUDENTS – See Pennsylvania State immunization requirements listed here and have Health Care Provider complete the grid below. Provider's office form is also acceptable.

The following vaccines are REQUIRED for school attendance by the State of Pennsylvania:

- 4 doses: Tetanus, diphtheria & acellular pertussis* (1 dose on/after the 4th birthday) Usually given as DTaP or DTP or DT or Td
- 1 dose: Tdap
- 4 doses: Polio (4th dose on/after the 4th birthday)
  A fourth dose of polio is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose

- 2 doses: MMR
- 3 doses: Hepatitis B
- 2 doses: Varicella (chicken pox) or evidence of immunity with laboratory testing or a history of chickenpox disease
- 2 doses: Meningococcal conjugate vaccine-
  - first dose given 11-15 years old, a second dose required PRIOR TO ENTRY into 12 grade (6th form)
  - If the first dose is given at 16 years or older, only one dose is required.for 6th formers

Record dates with **EXACT** Month/Day/Year (xx/xx/xxxx)

	1	2	3	4	5
DTaP, DPT, DT, Td					
Tdap ***(1 dose)***					
Polio (OPV/IPV*)* ***(1 dose after age 4 year)***					
Hepatitis B ***(3 doses)*** ***(or 2 dose series of Recombivax age 11-14)***					
MMR ***(2 doses on/after age 1 year)***					
Varicella Vaccine ***(2 doses on/after age 1 year)***					
History of Chicken Pox ***Disease***	**Date:**				
Menactra (MCV4)					
Menomune®- A/C/Y/W-135					
Meningococcal B vaccine **Bexsero / Trumenba** (discuss if recommended by your health care provider)					
Gardasil (discuss if recommended by your health care provider)					

Health Care Provider *signature*: _____

Health Care Provider *print*: _____

Address_____Phone_____Fax _____

STUDENT NAME_____**DATE OF BIRTH** _____

OVER-THE-COUNTER (OTC) & PRESCRIPTION MEDICATION POLICY & AGREEMENT

POLICY: Pennsylvania State law requires appropriate management of medication in the school setting. The Hill School medication policy has been developed to ensure the health and safety of all of our students. Students must notify the Wellness Center of all medications, including prescribed, over-the-counter (OTC), and supplements such as herbs and vitamins, homeopathic and remedies. The Medication Policy is clearly defined in The Hill School Handbook for your review.

RE: OTC MEDICATIONS- (Non-Prescription Medications):

- ☐ Boarders are allowed to keep FDA approved OTC medication in their rooms for the treatment of minor discomforts such as headache, menstrual cramps, and stomach ache. All OTC medications are required to be reviewed by the Wellness Center Staff.
- ☐ ALL medication must be purchased in the UNITED STATES, and must be labeled in ENGLISH.
- ☐ Students cannot share their medication with anyone else.
- ☐ All OTC medication must be in the original manufacturer's labeled container.

RE: NUTRITIONAL SUPPLEMENTS AND PERFORMANCE-ENHANCING PRODUCTS

- ☐ The Hill School Wellness Center regards and respects the policy statement from the American Academy of Pediatrics (AAP) which emphasizes "The American Academy of Pediatrics strongly condemns the use of performance-enhancing substances and vigorously endorses efforts to eliminate their use among children and adolescents". Therefore, students are not allowed to use nutritional supplements or performance enhancing products without an explicit medical order from their physician.
- ☐ NOTE: Students are NOT ALLOWED to make online purchases / accept mail delivery of: medication, nutritional / herbal supplements, performance enhancing formulas, weight loss/gain products.

RE: PRESCRIPTION MEDICATIONS:

- ☐ All prescriptions must be purchased from a **United States Pharmacy** and remain in the original labeled container from that pharmacy.
- ☐ International students taking prescription medication may require assistance with this condition and should contact the Wellness Center for prescription support.
- ☐ All prescription medication must be brought to the Wellness Center at the beginning of the school year, as well as any new medications prescribed during the course of the school year.
- ☐ ***A Medication Order Form*** must be completed by a licensed prescriber for each medication and with subsequent order changes. The form can be obtained through the Wellness Center and is included in this health form packet.
- ☐ Parents must update the Wellness Center with any insurance changes during the school year as needed.
- ☐ Parents should inform the Wellness Center if prescription refills need to be obtained from a source other than Pottstown's Professional Pharmacy.

Student and Parent please read and sign the OTC & Prescription Medication Agreement below.

OTC & Prescription Medication Agreement

I, Hill Student, hereby agree to comply with The Hill School's policy regarding medication:

1. I will bring my prescription medication to The Wellness Center along with a written medical order from my prescribing physician immediately upon arrival to campus and throughout the year as necessary.
2. I understand all controlled substances and psychotropic medications (for example, but not limited to, medication for ADD/ADHD, seizure disorder, depression, anxiety, and others) are required to be kept in the Wellness Center.
3. I understand some prescription medication may be kept in my room and self-administered with Wellness Center permission, such as medication for asthma, anaphylaxis, diabetes, oral contraceptives and others. All such medication must be examined by the Wellness Center.
4. I will pick up my medication according to the administration schedule determined by the Wellness Center medical staff.
5. I will take my medication according to prescription directions and return any unused medication to the Wellness Center.
6. I will not engage in misuse or abuse of my medication whether it involves other individuals or me.
7. I understand that misuse of or abuse of medication can result in disciplinary action by the School.
8. I understand that failure to report to the Wellness Center for my medication can result in demerits and/or disciplinary action.
9. I understand the Wellness Center does not support the use of nutritional supplements and/or performance-enhancing products by our students and I will not purchase or use these products without a Doctor's order.

STUDENT: *signature*_____**Date**_____

I, Hill Parent / Guardian, hereby acknowledge that I have read and *reviewed* the OTC PRESCRIPTION and MEDICATION POLICY with my child and I agree to comply with the policy as stated. Additionally, I agree to:

1. Hand deliver or **mail directly** to the Wellness Center, the medications that are provided from home.
2. Not give my child prescription medication to bring back to school without prior notification and approval of the Wellness Center medical staff.
3. Notify the Wellness Center of ANY changes in dosing or new prescriptions and provide the prescribing provider's documentation.
4. I understand that the medication must be in its original container and that the directions must match the written Provider's order.

PARENT/GUARDIAN: *signature*_____**Date**_____

PARENT/GUARDIAN: *printed name*_____

STUDENT NAME_____**DATE OF BIRTH** _____

PARENT REQUEST TO ALLOW SELF-ADMINISTRATION OF MEDICATION **2020-2021**

☐ **NOT APPLICABLE**

The State of Pennsylvania allows students to possess and self-administer asthma inhalers and epinephrine auto-injectors, as well as diabetes medication. Additionally, at the discretion of The Hill School medical staff, boarding students may be allowed to self- administer some other prescription medications with parental permission. All such medication must be examined by the Wellness Center. (This does not apply to controlled substance such as, but not limited to, medications like Ritalin, Concerta, Adderall, Vyvanse; and/or other psychotropic medications used to treat disorders such as ADD/ADHD, depression and anxiety).

The Wellness Center reserves the right to revoke the student's privilege of self-administration if there is any question as to the student's competency or compliance in the ability to safely self-administer such medications as stated in the **OVER-THE-COUNTER (OTC) & PRESCRIPTION MEDICATION POLICY & AGREEMENT.**

I request my child be permitted to self-administer the below medications.

	Medication	**Dose**	**Diagnosis**
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

PARENT/GUARDIAN: ***signature***_____**Date**_____

PARENT/GUARDIAN: ***printed name***_____

The Hill School Counseling Center

SYMPTOM AND HISTORY FORM

Student Name: _____ DOB: _____ Age: ____

Please describe any current or previous mental health or substance related concerns you may have concerning your adolescent:

_____

_____

_____

Please check all symptoms/behaviors that you consider currently problematic for your adolescent

☐ Depressed Mood	☐ Trouble sleeping	☐ Trouble concentrating
☐ Anxiety	☐ Nightmares	☐ Distractibility
☐ Panic Attacks	☐ Low energy/fatigue	☐ Racing thoughts
☐ Irritability/Anger	☐ Change in appetite	☐ Memory problems
☐ Phobia/specific fears	☐ Loss of pleasure/interest	☐ Recurring upsetting memories
☐ Loneliness	☐ Lack of motivation	☐ Obsessive thoughts
☐ Hopelessness	☐ Social discomfort	☐ Compulsive behaviors
☐ Low self worth	☐ Social withdrawal	☐ Hyperactivity
☐ Guilt/shame	☐ Avoidance	☐ Impulsivity
☐ Suicidal thoughts	☐ Alcohol/drug use	☐ Confusion/disorganization
☐ Homicidal thoughts	☐ Gambling concerns	☐ Flashbacks
☐ Elevated Mood	☐ Computer addiction	☐ Suspicion/paranoia
☐ Mood swings	☐ Aggressive behavior	☐ Hallucinations

Are these problems affecting any of the following?

☐ Safety	☐ Academics	☐ Athletics
☐ Family Relationships	☐ Self-Esteem	☐ Self-Care
☐ Social Relationships	☐ Ability to live with others	

Are you aware if your child has previously made suicidal statements or attempted to hurt themselves? ☐ Yes ☐ No If yes, please describe:

_____

_____

Student Name:_____ DOB: _____

Previous Mental Health Treatment

Treatment	When	Provider/Program	Reason for Treatment
Outpatient Counseling			
Psychiatric Hospitalization			
Drug/Alcohol Treatment			
Support Groups			

Please indicate any significant family history of psychiatric or substance abuse disorders:

_____

_____

Please check if anyone in your family is experiencing or has experienced the following:

- ☐ Parent Divorce
- ☐ Significant Family Illness
- ☐ Recent Loss of Loved One
- ☐ Stressors Related to Recent Job Loss
- ☐ Strained Parent/Child Relationship
- ☐ Marital separation
- ☐ Blended Family
- ☐ Custody/Co-parenting Conflicts
- ☐ Substance Abuse Concerns
- ☐ Stressors Related to Recent Move

The Hill School Counseling Program and Services:
The Hill School Counseling Program has four independently licensed clinicians and one prevention specialist available to provide a variety of mental health and substance related clinical services as well as robust prevention education to students while attending Hill. Counseling can also include family counseling sessions if requested. Clinical services conducted use evidenced based outcome measures to help measure counseling effectiveness and student progress. Counselors are on-call for emergencies 24/7.

Our licensed mental health professionals work with students on a confidential basis around a variety of issues and concerns, including:

- Adjustment and homesickness
- Stress management
- Depression
- Anxiety
- Grief and loss
- Eating Issues
- Substance use
- Sexuality
- Relationships
- Family issues

Attached are two documents that are required for parents to read, the ***What is Counseling/Informed Consent*** and ***The Medical Leave Process***. By signing below, I acknowledge and understand that my child may obtain counseling services while attending The Hill School ***and*** I have read and understand the parent/child responsibility if a Medical Leave is required for my child.

★

_____

Parent /Guardian(s) Signature *Date*

What is counseling?

Informed Consent

Introduction
We appreciate that you are taking the time to read this information so that you are as informed as possible about what it means to be in counseling at The Hill School. And if you have any further questions or concerns after reading this, please don't hesitate to ask!

Counseling Services
In counseling, you will work with a School Clinician to build skills and insight and find solutions to problems through conversation and practice. What exactly happens in any given session will depend on your goals, how you present any problem(s), your comfort with communication, your current life circumstances, and the general approach you've agreed to with your counselor. All Hill School Clinicians have professional licenses or are working towards licensure under supervision. Our School Clinicians are highly trained and experienced in the field and will do the best possible job to address your concerns and to work together with you to address your personality and needs.

Benefits and Risks
Counseling can include discussion of challenging or previously undisclosed aspects of life and may therefore be uncomfortable. On the other hand, counseling has demonstrable benefits in leading to better relationships, solving specific problems, and reducing feelings of distress. The goal of counseling is to make a positive impact in the lives of the students who take part. At the same time, anyone who believes that counseling is not working may discontinue at any point or may request a change in the School Clinician that is working with the individual. We will do our best to accommodate any requests to change Clinicians.

The Assessment Process
Typically, our first few sessions will involve an evaluation of your needs. Our assessment process screens for anxiety, depression, eating issues, substance related issues, internet addiction concerns, trauma/abuse history, and school/academic challenges. By the end of this assessment, we will be able to offer you some first impressions of your situation as well as a rough outline of a plan for us to follow moving forward should you decide to continue with counseling. Typical arrangements usually include meeting regularly – be it weekly, every other week, monthly, etc. – for a defined period as you work toward reaching your goals. In addition to short term solution-based counseling, we also provide on the spot counseling for situations where a student may need to process a specific problem or decision such has how to deal with a roommate/teacher/friend.

Appointments
Your School Clinician will schedule sessions Monday through Friday, 8:30am-5:00pm, and sessions are typically 45 minutes to an hour long. We ask that you do your best to provide at least 24 hours' notice if you need to cancel an appointment (though we also understand that that is not always possible). School Clinicians are not able to provide services in the summer months when school is not in sessions.

Cost
The cost of all counseling sessions at The Hill School is fully covered by tuition and fees. We do not bill insurance. If we refer you to outside services for further assessment or specialized services, this will be a cost to you.

Consent
Each year, all Hill School parents/guardians with sole or joint legal custody provide Health Services with consent permitting their children to access Counseling Center services. We also seek to obtain each student's informed verbal consent (a) by encouraging you to read this document prior to consenting to counseling; and (b) by discussing the limits of confidentiality and other related topics in your first session.

Occasionally disagreement arises among parent(s)/guardian(s) and the school clinician regarding the child's treatment. If such disagreements occur, our school clinicians will strive to listen carefully so that we can understand all parties' perspectives, and we will do our best to fully explain our own perspective as well. Whether we can resolve such disagreements, or we can agree to disagree**, *our utmost priority will always be the student's progress in counseling*.** If a parent/guardian believes that the counseling of a student should end, we will honor that decision, in the absence of extraordinary circumstances (In most cases, we will ask that parents/guardians allow us to have a few closing sessions with a child to end the treatment relationship appropriately).

Although we always strive for consent and transparency with parents, we also will need to adhere to Pennsylvania law, which allows a child who has attained the age of 14 and is able to give informed consent to enter and/or remain in counseling without parental awareness or consent. *(PA ACT 147)*

Confidentiality
The Hill School Counseling Center believes strongly that confidentiality is critical to providing good treatment. To engage in counseling, individuals need to share thoughts, feelings, and experiences without worrying that such information will be shared with others. For this reason, we do our absolute best to safeguard the privacy of the students we meet with. In most cases, only those that the student informs will know that a student is in counseling, however there may be unavoidable situations where a student who is passing by sees another student entering/exiting the counseling center.

If a parent or guardian contacts the Counseling Center, we will acknowledge whether their child is being seen by a School Clinician. We may also describe how the student is doing in general terms, but the specific details and content of the counseling conversations will be kept private (unless disclosure is specifically agreed upon by the student). This includes counselors' knowledge of activities and behaviors that would upset, or would not meet with the approval of, a parent or guardian, but that do not put the student at risk of serious or immediate harm.

However, if we determine that a student's behavior is putting their own or others' wellbeing at significant risk or is substantially impacting their functioning, then we will communicate this information to parents/guardians and make every effort to incorporate the student's involvement in this disclosure.

If a Dean, Adviser, or other concerned faculty member asks us whether or not a student is being seen by a School Clinician, we will acknowledge the student's status if we determine that faculty member has a need to know, while ensuring that all specific health-related information about the student will be kept confidential. Additionally, the School Clinicians work closely with Wellness Center staff, including the Medical Director, Nurse Practitioner, and Nurses, and will occasionally exchange information about students on a need-to-know basis for the sake of providing appropriate and comprehensive medical care. In all instances like this, the School Clinician will make every effort to inform the student.

Exceptions to Confidentiality:
If a student's functioning or the student's or others' wellbeing may be compromised, a counselor may decide that a parent/guardian needs to be informed. This is not a decision to be made lightly, and in such instances, we will do everything within our power to notify the student in advance and to work with the student on how best to approach the situation.

*Confidentiality/privacy **cannot be maintained, and we must make an immediate disclosure without discussion with the student**, in the following circumstances:*

1. A student reveals a **plan to cause serious harm or death to the student himself/herself**, and we believe that the student has the intent and ability to carry out this threat within a proximate timeframe. In this instance we are required by law to take steps to inform a parent or guardian as well as individuals at The Hill School with a need to know of what the student has told us and how serious we believe this threat to be and to try to prevent the occurrence of such harm.
2. A student reveals a **credible plan to cause serious harm or death to someone else**, and we believe that the student has the intent and ability to carry out this threat in the very near future. In this situation, we are required by law to inform a parent or guardian and individuals at The Hill School with a need to know. We are also required to inform the police and potentially the person who is the target of the threatened harm.
3. **A student is actively engaging in behaviors that could cause serious harm to the student or someone else**, even if the student does not intend to harm themselves or another person. In these situations, we will consult as a team of health providers in order to use our professional judgment to determine whether a parent or guardian and/or individuals at The Hill School with a need to know must be informed.
4. **It is revealed or apparent that a child is being neglected or abused – physically, sexually or emotionally** – or has been neglected or abused in the past. We are required by law to report the alleged abuse to the appropriate state child-protective agency.
5. **If a student reveals that they have been a victim of sexual assault**, we are required by law to report that information to authorities (Pennsylvania Child-Line) and the Dean of Students.
6. We are **ordered by a court** to disclose information.

If you have concerns about the limits of confidentiality, you can always ask your School Clinician about types of information we would need to disclose. You could ask in the form of "hypothetical situations," such as: "If someone told you that he or she were doing, would you tell the parents?"

Contacting Us
Email is typically the best way to contact your School Clinician; our commitment is for a Counselor to reach out within 48 hours of receiving the email. To schedule a first appointment, you can either reach out to a specific counselor directly or email **counseling@thehill.org**. For more information on Counselors and counseling services, please see our website information at https://www.thehill.org/families/counseling-program.

If you are experiencing a mental health emergency, please **DO NOT** use email to relay your situation; instead, please contact Hill Security at 610-327-3060, or walk directly to the Wellness Center and speak with a nurse. We have clinicians on call 24/7 for emergencies.

In Conclusion
To reiterate, we know counseling at The Hill School can be a valuable resource that is accessed by many students during their time at Hill. We hope that this document has helped to provide some basic information about counseling, and we look forward to following up with you in person as needed

This document incorporates elements of The Trust's Sample Informed Consent Form (J. Scroppo, Ph.D., J.D., D. Taube, J.D., Ph.D., & A. Zelechoski, J.D., Ph.D., ABPP)

Medical Leave Process
Rev. April 2020

Dear Parents,

When a student is placed on a medical leave of absence, it is because there is concern about the student's health, safety, or well-being on campus. This is a confusing time for students and parents. Each case is different, so the exact steps and requirements vary and are formulated on an individual basis to best meet the student's needs. The following steps are general guidelines the Medical Leave Committee follows in this process. These are intended to serve as a very general roadmap. Our first priority is your student's health. Many students are able to keep up with their academic workload while out on a medical leave of absence. We work closely with the Academic Office to ensure that the student has access to assignments and have the support they need to try to keep up with their work while away from campus.

Once a student is identified by a Hill clinical services provider as needing to be placed on a medical leave of absence, the Medical Leave Committee is convened by the Chair to review the case and make specific recommendations to the Headmaster and Associate Headmaster. The Headmaster makes the decision regarding the request and recommendations.

If a medical leave of absence is approved by the Headmaster, the committee Chair notifies parents or legal guardians regarding medical leave of absence and any stipulations for return that have been identified at that point. The notification via a letter emailed to parents specifies what steps the family must take in order to be considered for return to school.

The committee Chair communicates in very general terms with adviser, teachers, Deans' Office, coach, and Academic Office. These adults are made aware of the student's leave of absence but without medical details.

It is the expectation of the Medical Leave Committee and the School's administration that the student and family will cooperate fully with all requirements and stipulations specified in the medical leave decision and notification. Optimizing the student's treatment and outcome is our collective goal. To this end, partnership in collaboration with parents with their complete cooperation is imperative. A lack of parental cooperation may jeopardize the outcome of a family's petition for the student to return to School.

Once the family has completed the requirements to return, they may petition for the committee to review the student's progress and status for potential return to school. The family submits any necessary documentation to support progress made and student's readiness to return to school.

The committee Chair reconvenes the Medical Leave Committee to review the submitted documentation for completeness and the student's suitability to return to the boarding environment. The committee makes recommendations to the Headmaster and Associate Headmaster. The Headmaster makes the return to school decision.

If return is granted, the committee Chair notifies the family via email. The permission to return to school may include additional stipulations moving forward to best support the student on campus.

If you have specific questions about this process, please contact me by phone or email.

Sincerely,
Kristin Spencer, MD
Medical Director
Chair, Medical Leave Committee
kspencer@thehill.org

INFLUENZA VACCINE INFORMATION & CONSENT 2020-2021

Flu:
Each winter, an influenza outbreak occurs that can be potentially devastating to the boarding school environment, both to the individuals who become ill and to the school as a whole. Therefore, we offer and **highly recommend** the influenza vaccination to all students and faculty. Influenza (flu) is a respiratory disease caused by influenza virus. The types or strains of influenza virus causing illness may change from year to year, or even within the same year. People who get flu may have fever, chills, headache, dry cough and muscle aches, and may be sick for several days or up to a week or more. Most people recover completely. However, for some people, flu may be especially severe, and pneumonia or other complications including death may result.

Flu vaccine:
The regular flu vaccine contains killed influenza virus of the types selected by the U. S. Public Health Service and the Center for Biologics Evaluation & Research of the U.S. Food and Drug Administration. The types and strains of virus included are those that have most recently caused influenza. The vaccine will **not** make a person ill with the flu because it is a killed virus vaccine. As with any vaccine, flu vaccine may not protect all susceptible individuals.

Risks & Possible Side Effects:
Influenza vaccine generally causes only mild side effects that occur at low frequency. Most commonly, the reactions may be a sore or tender arm at the injection site, or possibly fever, chills, headache or muscle aches; these effects usually last 24 to 48 hours. Most people who receive the vaccine either experience no reaction or only mild reactions. There is a possibility, as with any vaccine or drug, that an allergic or other serious reaction, or even death, would occur. Moreover, untoward medical events completely unrelated to vaccine administration may occur co-incidentally following vaccination.

Contraindications:
- Prior allergic reaction to the flu vaccine
- Guillain Barre Syndrome
- Anaphylactic reaction to egg

The Wellness Center administers the pre-filled syringe vaccine that does not contain preservatives.

In the fall 2020, the CDC's Vaccine Information Statement (VIS) regarding the 2020-2021 Influenza Vaccine will be available on their website for your review. http://www.cdc.gov/vaccines/pubs/vis/default.htm#flu If you have any questions, please check with your physician before granting permission for your child to receive this vaccine.

A $40 charge for this vaccination will be billed to your student's account.

I have read the information above, discussed this optional vaccination with my child and **I hereby give permission to The Hill School Wellness Center medical staff to administer the influenza vaccination.**

CHOOSE ONE: ☐ **YES** ☐ **NO**

PRINT STUDENT NAME:_____ **DATE OF BIRTH:** _____

☐ **Day Student** ☐ **Boarding Student** **Form:**_____

PARENT/GUARDIAN: ***signature***_____**Date**_____

Wellness Center Staff ***to complete the following:***

Date _____ **Dose**_____ **Site**_____

RN Signature_____

For Wellness Center use:
Affix Vaccine Information Sticker Here

State Mandated Symptoms and Warning Signs Information Sheets
RE: SUDDEN CARDIAC ARREST & CONCUSSION

STUDENT & PARENT SIGNATURES REQUIRED

SUDDEN CARDIAC ARREST:

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that interrupts the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?
There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under age 25 die of SCA each year.

Are there warning signs?
Although SCA happens unexpectedly, some people may have warning signs with symptoms such as:

- dizziness
- lightheadedness
- shortness of breath
- difficulty breathing
- racing or fluttering heartbeat (palpitations)
- syncope (fainting)
- fatigue (extreme tiredness)
- weakness
- nausea
- vomiting
- chest pain

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can sometimes be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?
There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it.

Act 59 – the Sudden Cardiac Arrest Prevention Act, is intended to keep student-athletes safe while practicing or playing. The requirements of the Act direct us to distribute information about SCA symptoms and warning signs and educate students and families about the recommendations for removal from play and return to play.

- Any student who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

CONCUSSION:

A concussion is a brain injury that can be caused by a blow to the head or body that disrupts normal functioning of the brain. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior. The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained annually during sports related activities nationwide, and more than 62,000 concussions are sustained each year in high school contact sports. Second- impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.
In 2011, the Pennsylvania State Senate approved legislation that would require students who show symptoms of a concussion to be removed from play until they are cleared by a medical professional. Additionally, coaches are required to complete concussion certification courses, and parents, guardians and students must read and sign documents that

educate them on concussions and brain injuries. Pennsylvania is the 31st state to enact such a law that is meant to protect young athletes from the devastating impact of untreated and multiple brain injuries. Hence, as we are directed by this legislation, The Hill School has developed a written policy describing the prevention and treatment of concussion. Additionally, the legislation mandates The Hill School:

- To require every student and their parent or guardian to read and sign this form prior to the start of classes. A new form must be signed and returned each school year.
- To immediately remove any student from athletic competition or practice if a concussion is suspected. The student will not be allowed to return to competition or practice until he/she has written clearance from a physician or Nurse Practitioner trained in concussion treatment and has completed The Hill School's graduated return-to-play protocol.

Quick Facts

- Most concussions do not involve loss of consciousness
- You can sustain a concussion even if you do not hit your head
- A blow elsewhere on the body can transmit an "impulsive" force to the brain and cause a concussion

Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian)

- Appears dazed or stunned
- Forgets plays or demonstrates short term memory difficulties (e.g. unsure of game, opponent)
- Exhibits difficulties with balance, coordination, concentration, and attention
- Answers questions slowly or inaccurately
- Demonstrates behavior or personality changes
- Is unable to recall events prior to or after the hit or fall

Symptoms of Concussion (Reported by Student-Athlete)

- Headache
- Nausea/vomiting
- Balance problems or dizziness
- Double vision or changes in vision
- Sensitivity to light/sound
- Feeling of sluggishness or fogginess
- Difficulty with concentration, short term memory, and/or confusion

What Should a Student do if they think they have a concussion?

- **Don't hide it**. Tell your Athletic Trainer, Coach, Wellness Center Staff, or Parent/Guardian.
- **Report it**. Don't return to your sport competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return-to-play.
- **Take time to recover**. If you have a concussion your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion. Repeat concussions can cause permanent brain injury.

What can happen if a student-athlete continues to play with a concussion or returns to play to soon?

- Continuing to play with the signs and symptoms of a concussion leaves the student-athlete vulnerable to second impact syndrome.
- Second impact syndrome is when a student-athlete sustains a second concussion while still having symptoms from a previous concussion or head injury.
- Second impact syndrome can lead to severe impairment and even death in extreme cases.

Should there be any temporary academic accommodations made for students who have suffered a concussion?

- Cognitive rest is just as important as physical rest in recovery from concussion. Reading, texting, testing and even watching movies can slow down a student-athletes recovery.
- Students may be advised by the Wellness Center Staff to reduce mental and social stimulation throughout recovery.
- Students may need to take rest breaks, spend fewer hours at school, and be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

STUDENT NAME_____**DATE OF BIRTH** _____

Students who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:

- **Step 1**: Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If no return of symptoms, advance the next day.
- **Step 2:** Light aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is increased heart rate.
- **Step 3:** Sport-specific exercise including skating, and/or running: no head impact activities. The objective of this step is to add movement.
- **Step 4:** Non-contact training drills (e.g. passing drills). Student-athlete may initiate resistance training.
- **Step 5:** Following medical clearance, student-athletes may begin to participate in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and the athletic training staff.
- **Step 6:** Return to play involving normal exertion or game activity.

For further information on Sports-Related Concussions and other Head Injuries, please visit:
www.cdc.gov/concussion/sports/index.html
www.nfhs.com www.ncaa.org/health-safety
www.bianj.org
www.atsnj.org

REQUIRED SIGNATURE:

As mandated in these Pennsylvania laws above, The Hill School requires every student and their parent/guardian to read and sign this form prior to the start of classes at the start of each school year.

Acknowledgement of Receipt & Review:
I have reviewed the above information about **SUDDEN CARDIAC ARREST AND CONCUSSION** and understand the symptoms and warning signs of both.

STUDENT ***signature***_____**Date**_____

PARENT/GUARDIAN: ***signature***_____**Date**_____

PARENT/GUARDIAN: ***printed name***_____

STUDENT NAME_____**DATE OF BIRTH** _____

☐ Day Student ☐ Boarding Student Form: _____ Gender:_____

School Year 2020-2021

Dear Parents/Guardians:

The Hill School is within a ten-mile radius of a nuclear facility (Limerick Generating Station). The Commonwealth of Pennsylvania has made potassium iodide (KI) pills available free of charge to people who live, work or attend school within a ten-mile radius of a nuclear facility. Potassium iodide (KI) is approved by the U.S. Food and Drug Administration for use in providing an extra layer of protection against thyroid disease in the event of a highly unlikely radiologic release.* Should a radiologic release occur and official recommendation is made for protective actions including dispensing KI tablets, The Hill School Wellness Center will have KI tablets available for all Hill School students and community members. Distribution through the school system is being given high priority for the reason that children are much more sensitive to the ill effects of radioactive iodine than are adults. Additionally, Potassium Iodide is most effective when taken prior to or within the first few hours after exposure. The school must have permission to dispense this medication. If you need further information please contact The Hill School Wellness Center.

***KI should NOT be taken by anyone who is allergic to iodine.**

PARENT SIGNATURE REQUIRED

(Check one)

☐ **My child is allergic to IODINE** and therefore cannot receive this emergency medication.

☐ **Yes**, I do want my child to be given KI when instructed by public health officials, in the highly unlikely event of a radioactive emergency while my child is at school.

☐ **No**, I do not want my child to be given KI when instructed by public health officials, in the highly unlikely event of a radioactive emergency while my child is at school.

Parent/Guardian: *signature*_____Date: _____

Parent/Guardian: *printed name*_____

***Note from page 6 regarding* Tuberculosis (TB) Risk Assessment and Testing**

The Pennsylvania Health Department recommends that all students are screened for Tuberculosis. The Hill School Wellness Center requires all students who are deemed high risk for TB be screened for this disease through Interferon-Gamma Release Assay (IGRA) blood testing annually. Students whose screening reveals they are high risk and who come to school without this testing will be sent to our local lab for testing to be completed. For more information on Tuberculosis, please refer to the Center for Disease Prevention for further information at http://www.cdc.gov/tb/publications/factsheets/testing/IGRA.htm

THANK YOU
for completing The Hill School Health Form

- Kindly make certain that you have completed all "fillable" areas.
- **PRINT** the forms and provide **WRITTEN SIGNATURES** where indicated-(marked by a ).
- **ATTACH** Health Insurance and Prescription Insurance cards where indicated.
- **BRING turquoise coded pages** to Healthcare provider for completion and signature.
- **RETURN** all forms **BY MAIL** to the Wellness Center by **July 15, 2020.**

  The Hill School Wellness Center
  ATTN: Health Forms
  860 Beech Street
  Pottstown, PA 19464

Reminder: Students will ONLY be allowed to participate in on campus sports and classes once health forms are received and reviewed.

Feel free to contact our office if you have any questions. 610-705-1111