LARADON
Embracing Difference. Empowering Possibility.

The Laradon School

Admission & Annual Consent Packet

To be completed prior to admission and updated annually

The Laradon School is a day treatment center licensed by the Colorado Department of Human Services (CDHS), Division of Child Care Licensing, and the Colorado Department of Education to serve students ages 5–21. Before your child begins at Laradon, and at each annual renewal, this entire packet must be completed and returned to The Laradon School Administration.

What's inside: **Page**

Student, Guardian & Placement Information

Student Information

Student Name: _____ Date of Birth: _____

Medicaid #: _____ Sex Assigned: _____

Gender Identity: _____ Religious Preference: _____

Hair Color: _____ Build: _____

Height: _____ Weight: _____

Legal Guardian / Parent (primary)

Name: _____ Relationship to Student: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Legal Guardian / Parent (secondary, if applicable)

Name: _____ Relationship to Student: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Placement & Legal Authority

Complete this section if someone other than — or in addition to — the parent(s)/guardian(s) above holds legal custody or placement authority for this student (for example, a county department of human/social services, a child placement agency, or a court-appointed guardian).

☐ This student is placed by a parent/legal guardian listed above (no placing agency).

☐ This student is placed by a county department, court, or other agency (complete below).

Placing Agency / County: Caseworker / Referring Worker Name:

_____ _____

Caseworker Phone: Caseworker Email:

_____ _____

Person(s) legally authorized to sign consents on this student's behalf (name and role — e.g., parent, legal guardian, county caseworker):

_____

_____

Immunization Record

- ☐ Current immunization record is attached to this packet.
- ☐ Immunization exemption on file (attach documentation).

Colorado licensing rules require a current immunization record (or documented exemption) be on file at intake. Please attach a copy from your child's provider or prior school.

Consent for Treatment

I understand that as a student at The Laradon School, my child is eligible to receive a range of services that may include assessment, treatment planning, behavior management, and individual therapy. The type and extent of services provided will be determined after an initial assessment and through discussions with the student and legal custodian. Treatment will be provided over the course of the student's attendance at Laradon.

I understand that a treatment team under the supervision of certified Laradon employees will provide these services, and that the student will be subject to initial and ongoing assessments, including but not limited to emotional, intellectual, educational, and vocational testing.

All information gathered is confidential except when release is required in cases of medical emergency, homicidal or suicidal ideation, suspected mistreatment, abuse, neglect, or exploitation, court order, billing or audit requirements, or whenever otherwise required by law.

Records will be maintained as required by the Colorado Department of Human Services, Division of Child Care Licensing, and applicable state and federal law, including laws protecting the confidentiality of student records.

Questions about this consent or the services offered may be directed to the student's Treatment Coordinator.

_____ _____

Legal Custodian Signature Date

_____

Student's Name (printed)

Authorization to Provide Emergency Medical Treatment

I authorize Laradon representatives to provide emergency medical care, including but not limited to First Aid, CPR, and/or contacting emergency response (911), for the student named below.

Primary Care Physician or Designee

Name: _____ Phone: _____

Address: _____

Preferred Hospital

Name: _____ Phone: _____

Address: _____

Emergency Contacts

I authorize Laradon representatives to contact the following individuals in an emergency:

1. Name: _____ Phone: _____

   Relationship to Student: _____

2. Name: _____ Phone: _____

   Relationship to Student: _____

3. Name: _____ Phone: _____

   Relationship to Student: _____

_____ _____

Legal Custodian Signature Date

_____

Student's Name (printed)

Consent to Use Physical Management

One of the goals of your student's program is to teach new and more socially appropriate behavior. Laradon staff focus on teaching social skills, anger management, conflict resolution, and impulse control. Physical management may be used in an emergency, when a student cannot be stopped from injuring themselves or others in a less restrictive way.

Physical management means the physical action of placing one's hand on an individual to gain physical control and protect the individual or others from imminent harm, after less restrictive interventions have failed. It is used only in emergencies.

1. Physical management is used only to protect the student, or others, from a serious, probable threat of bodily harm.
2. It is used only after other interventions have been tried and found ineffective for the specific crisis.
3. Only staff trained in Safety Care techniques will administer physical management.
4. The student will be released within fifteen (15) minutes of the initiation of physical management, except where precluded for safety reasons, consistent with Colorado licensing regulations.
5. Every effort will be made to help the student regain self-control.
6. The legal custodian will be notified no later than the end of the school day that physical management was used, and a written report will follow by the close of the next business day, consistent with state notification requirements.
7. Each incident of physical management is reviewed. The legal custodian, or Laradon, may request a meeting to determine whether supplementary aids and services identified in the IEP are being provided, are appropriate, or whether the behavior plan needs revision.

Preferred method of written notification:

- ☐ Mailed
- ☐ E-mailed
- ☐ Sent with student via the back-and-forth book

☐ I acknowledge this policy and give permission for the use of physical management in the event of imminent danger. Employees will consider the following physical/mental health information in relation to my student:

_____

☐ I want to inform employees that my student has a specific pattern of behavior that may signal an imminent crisis:

_____

The following de-escalation techniques work well at home:

_____

Note: Physical management may still be used by trained staff in a genuine safety emergency, consistent with Colorado law, regardless of whether the box above is checked — it is not an elective procedure. This form documents your acknowledgment and any information helpful for your student's care, and is not a waiver of the right to be notified.

_____ _____

Printed Name of Student Legal Custodian Signature

_____

Date

Statement of Children's Rights

1. Every child has the right to enjoy freedom of thought, conscience, cultural and ethnic practices, and religion.
2. Every child has a right to a reasonable degree of privacy.
3. Every child has the right to have their opinions heard and considered, to the greatest degree and extent possible, when decisions are made affecting their life.
4. Every child has the right to receive appropriate and reasonable adult guidance, support, and supervision.
5. Every child has the right to be free from physical abuse or neglect and inhumane treatment, and to be protected from all forms of sexual exploitation.
6. Every child has the right to receive adequate and appropriate medical care while under Laradon supervision.
7. Every child has the right to receive adequate and appropriate food, clothing, and housing.
8. Every child has the right to live in clean, safe surroundings.
9. Every child has the right to participate in an educational program that will maximize their potential in accordance with existing law.
10. Every child has the right to communicate with significant others outside the facility, such as a legal custodian, caseworker, attorney or guardian-ad-litem, current therapist, physician, religious advisor, and, if appropriate, probation officer.
11. Every child has the right to receive and send sealed correspondence. No incoming or outgoing correspondence shall be opened, delayed, held, or censored by Laradon personnel.

The following rights may be limited to reasonable periods during the day:

1. Access to letter-writing materials, including postage, and staff assistance if unable to write, prepare, and mail correspondence.
2. Access to telephones to both make and receive calls in privacy.
3. Convenient opportunities to meet with visitors.
4. The right to wear their own clothing, keep and use their own personal possessions, and spend a reasonable sum of their own money.

All information pertaining to students is confidential and will not be released without the written consent of the legal custodian or the student.

_____ _____

Legal Custodian Signature Date

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR STUDENT MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Laradon is required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 to preserve your confidentiality. Questions about this notice may be directed to School Administration at 303-296-2400.

1. How Laradon Maintains Your Information

Laradon maintains information about you in a secured main file and a secured program-area working file. Both are secure, with limited access.

2. How Laradon May Use or Disclose Your Information

- Treatment – to coordinate and manage your care with doctors and other applicable personnel.
- Payment – when paying or billing for services.
- Health Care Operations – to run and maintain a quality program, including internal surveys and work with contracted Business Associates.
- Communications – with a third party acting on your behalf, excluding communicable disease, drug/alcohol treatment, or mental health records.
- Required by Law – to public health authorities, regulatory agencies, courts, law enforcement, coroners, correctional institutions, specialized government functions, and workers' compensation purposes, as required by law.
- De-identified information may be used to complete analysis of services and populations.

3. Written Permission to Use/Disclose Your Information

For any purpose not listed above, Laradon will obtain written authorization before using or sharing your information. You may revoke authorization in writing at any time; this will not affect any disclosure already made based on a valid authorization.

4. Rights Regarding Your Information

- Request restrictions on certain uses and disclosures (in writing; Laradon is not required to grant the request).
- Limit disclosure to family, friends, or others involved in your care by checking the box below.
- Inspect and obtain a copy of your information, except psychotherapy notes or records compiled for civil/criminal proceedings.
- Request that Laradon amend information it created that is incorrect or incomplete (in writing, with a reason).
- Receive an accounting of certain disclosures for the six years prior to your request (excluding treatment, payment, and operations disclosures).
- Request confidential communications in a specific way or location (in writing to your program manager or teacher).
- Receive a paper copy of this notice at any time, or view it at www.Laradon.org.

5. Our Right to Change This Notice

Laradon reserves the right to revise this notice for all information received. The current notice is posted at our facility and on our website, and provided annually.

6. Complaints

Complaints regarding privacy rights may be submitted in writing to: Director of Quality Assurance and Strategic Projects, 5100 Lincoln St, Denver, CO 80249, 303-296-2400 ext. 6860, or to the U.S. Department of Health and Human Services.

- ☐ I do not wish for family, friends, or others involved in my student's care to have access to their information.

_____ _____

Legal Custodian Signature Date

_____

Printed Name of Student

Release of Information

I authorize Laradon to release/exchange the following relevant information on the student named below:

Student Name: _____ Date of Birth: _____

- ☐ Photographs/Video
- ☐ Educational Info.
- ☐ Residential Info.
- ☐ Treatment Info.
- ☐ Other (please be specific): _____

TO

Name: _____ Position: _____

Address: _____ Phone: _____

Form of release:

☐ Written ☐ Verbal ☐ Audio ☐ Video ☐ Electronic ☐ Other: _____

FROM

Name: _____ Position: _____

Address: _____ Phone: _____

Form of release:

☐ Written ☐ Verbal ☐ Audio ☐ Video ☐ Electronic ☐ Other: _____

This consent is valid for one year from today's date unless otherwise indicated. Photographs, video, and audio used for hard copy publication, website, social media, or other marketing campaigns may be used for an extended period. Information received under this request may not be given to a third party without a separate release form. This consent may be withdrawn in writing at any time.

_____ _____

Signature of Participant Date

_____ _____

Legal Custodian Signature Date

_____ _____

Printed Name of Student Signature of Witness / Relationship to Participant

Student Health Updates

To be completed annually and whenever health information changes

Student Name: _____

Current Diagnosis List:

_____

_____

Current Medications (include dosage, for all home and school medications):

_____

_____

Allergies – include all relevant allergies and severity of impact. Note any other health/medical concerns the school nurse should know:

_____

_____

Immunization Record – attach a current copy, or complete below:

- ☐ Current immunization record attached.
- ☐ Immunizations up to date per records already on file (no changes since last submission).
- ☐ Exemption on file (attach documentation).

Annual Physical

To be completed by physician

Name: _____ DOB: _____

Allergies: _____

Vital Signs

Height: _____ Weight: _____

Physical Exam

(For each system, circle Y or N. If abnormal, describe.)

General Appearance: Y / N – If abnormal, describe: _____

Neurological: Y / N – If abnormal, describe: _____

HEENT: Y / N – If abnormal, describe: _____

Cardiovascular: Y / N – If abnormal, describe: _____

Pulmonary: Y / N – If abnormal, describe: _____

Abdominal: Y / N – If abnormal, describe: _____

Musculoskeletal: Y / N – If abnormal, describe: _____

Extremities/Skin: Y / N – If abnormal, describe: _____

Genitourinary: Y / N – If abnormal, describe: _____

Comments: _____

Any changes in health since last physical? Y / N

_____

Concern for communicable disease? Y / N

_____

Any restrictions on activity? Y / N — if yes, describe: _____

Please attach an updated medication list and/or immunization record.

_____ _____

Physician's Signature Date

_____

Office Phone Number

Physical Restraint Medical Clearance

To be completed by physician — recommended for students whose behavior plan may involve physical management

Laradon staff are trained to manage crisis situations using the QBS Safety Care curriculum. Staff will use physical holds, including floor restraints, only when less restrictive interventions have not succeeded in managing a severe behavioral crisis.

Laradon uses one type of floor restraint, the Three-Person Supine Stability Hold: the student is gently lowered to the floor from standing to a face-up position, arms out from the body in a cross position with palms on the floor. A staff member kneels beside each side of the student's torso and holds the arm above the wrist and below the elbow, with the other hand above the wrist, below the shoulder, without squeezing, pinching, or pressing downward. No pressure is placed on the torso. A third staff member controls the legs above the ankles without placing weight on the student.

- ☐ I certify that this student does not have any condition that would prohibit the use of physical restraint as described above.
- ☐ This student has the following condition(s) that require modification or precludes use of physical restraint (describe below):

_____

_____

_____ _____

Physician's Signature Date

Parents' Request to Administer Medication at The Laradon School

The undersigned legal custodian requests that Laradon staff administer or supervise administration of medication or a procedure as ordered by an authorized prescriber, effective for the current school year. Medication must be prescribed by a licensed physician, dentist, or other authorized prescriber, and furnished by the parent/legal custodian in a pharmacy-dispensed or original over-the-counter container labeled with the student's name, medication name, dosage, and administration time.

By signing, I authorize Laradon personnel to contact the authorized prescriber to clarify any written order. Non-emergency medication (prescription and over-the-counter) is kept in a locked area of the school and administered according to the prescriber's written order/treatment plan and this parent permission.

Student Name: _____ Date of Birth: _____

_____ _____

Legal Custodian Signature Date

Authorized Prescriber's Signed Order

Medication Name: _____

Medication Dosage: ☐ mg/tablets/chewable/capsules/liquids/ampules ☐ Inhaler – puffs to be given: _____

Route: ☐ Oral ☐ Topical ☐ Rectal ☐ Inhaled/Nebulizer ☐ G-tube

Procedure: ☐ G-Tube Feeding ☐ Catheterization ☐ Pulse Oximetry ☐ Other: _____

Time to be given: _____ Prior to exercise? Y / N May be repeated every: _____

Special instructions:_____

Start Date: _____ Stop Date: _____

Purpose: _____

Possible side effects:_____

Other comments:_____

_____ _____

Authorized Prescriber Printed Name Authorized Prescriber's Signature

_____ _____

Date Office Address / Phone

Sunscreen Policy & Permission

In accordance with Colorado student sunscreen use policies for schools, Laradon will ensure students have access to sunscreen when needed on school property or at school-sponsored activities, with parent permission. Sunscreen is available for any activity exposing students to the sun for 30 minutes or more; Laradon uses sunscreen indicated for sensitive skin with SPF 30 or higher.

Parents/guardians may send personal sunscreen — a new, unopened bottle labeled with the student's initials. Questions may be directed to the School Nurse, Emily Pennylegion, at 970-361-6827 or emily.pennylegion@laradon.org.

- ☐ I give permission for my student to wear sunscreen while at school and on school-based outings; if I do not provide sunscreen, school-supplied sunscreen may be used and applied/reapplied as needed.
- ☐ I will provide sunscreen for my student to use at school.
- ☐ Please apply sunscreen on my student as needed.

_____ _____

Legal Custodian Signature Date

School Activity Participation – Swim

Your student is eligible to participate in a school activity under the guidance of Laradon employees.

Curriculum Goal: _____ Swimming or Splash Pad

_____

Destination: _____ Denver Recreation Center Pools

_____

- ☐ Yes, my child can swim and can participate in pool outings.
- ☐ No, my child cannot swim, but may still attend pool outings.
- ☐ I do not want my child to attend pool outings.

As parent or legal guardian, you remain fully responsible for any legal responsibility resulting from personal actions taken by the named student while off-campus.

I hereby consent to participation by my child in the event described above, understanding it will take place away from Laradon's campus under the supervision of Laradon employees. I also give permission to apply sunscreen as needed.

_____ _____

Legal Custodian Name Emergency Phone Number

_____ _____

Legal Custodian Signature Date

Permission to Access Community-Provided Transportation

It is frequently desirable to take students to educational opportunities such as museums, vocational training, or volunteer work at nonprofits in the Metro area. Every effort will be made to provide for the student's safety.

As legal custodian, I give permission for my student to go on outings under the supervision of The Laradon School personnel, who will assist with appropriate clothing and apply sunscreen when applicable. I understand Laradon will provide transportation in a Laradon vehicle.

_____ _____

Legal Custodian Signature Student's Name (printed)

_____

Date

Student Pick-Up Acknowledgement & Alternate Pick-Up Authorization

Laradon's school hours are 8:30 a.m.–3:00 p.m. on full days and 8:30 a.m.–12:30 p.m. on early-release days. Laradon staff are not available for supervision outside school hours.

If your student does not leave with regularly scheduled district transportation, or is sent home due to illness, the student must be picked up within 45 minutes of parent/guardian notification. Anyone sent to pick up your student must be listed in the emergency contacts on file — to review or update these, contact Amy Sullivan at 720-974-6816 or amy.sullivan@laradon.org.

☐ I have read the above and agree to have my student picked up within 45 minutes of being notified by Laradon staff.

_____ _____

Legal Custodian Signature Date

Authorization for Alternate Pick-Up

The legal custodian must notify Laradon if someone other than themselves will pick up the student. We will not release a student to anyone without permission from the legal custodian.

I authorize the following person(s) to pick up my student:

Authorized Person: _____ Phone: _____

Relationship to Student: _____

If the person picking up the student is not identified above to the Special Education Teacher, they must obtain verbal consent from the legal custodian and provide name, phone number, and physical description; a picture ID will be required.

_____ _____

Legal Custodian Signature Date

Photo/Video Release of Information

I authorize Laradon to use photographs of my student in the promotion of Laradon to educate the public on its services and programs, including non-commercial materials such as brochures, flyers, newsletters, annual reports, audiovisual presentations, and Laradon's website. These photos may also be shared with external media organizations to further promote Laradon's community service efforts.

I may opt out at any time of the use of my student's photographs in promotional materials.

- ☐ I authorize the use of photographs/other media.
- ☐ I opt out of the use of photographs/other media.

_____ _____

Legal Custodian Signature Date

Laradon's Participation in Health Information Exchange

Laradon endorses, supports, and participates in electronic Health Information Exchange (HIE) to improve the quality of your student's health care. HIE allows secure, efficient sharing of clinical information with other participating physicians and providers, including emergency personnel, and can help reduce costs by eliminating duplicate tests and procedures. You may opt out of participation in the CORHIO HIE at any time.

_____ _____

Received and Acknowledged (Signature) Date

The Laradon School's Grievance Procedure for Students

Students or their legal custodian have the right to present grievances to Laradon personnel without fear of reprisal. A grievance must be submitted within 30 days of the incident.

1. For a serious problem, the student/legal custodian may first speak with classroom staff, including the teacher.
2. If that conference is not successful, the complaint may be presented to the Treatment Coordinator.
3. If still unresolved, the student/legal custodian has the right to see the Director of Children's Services, who will investigate the incident, complaint, or problem.
4. If still unresolved, the student may go to the Chief Executive Officer (CEO), who will review the issue within three days; the conclusion will be shared with the student/legal custodian within five working days.

Complaints may also be sent to the Colorado Department of Human Services (CDHS), Division of Child Care, Office of Licensing, 1575 Sherman St., Denver, CO 80203-1814, main phone 303-866-5700. The Assistant Director of The Laradon School or the Quality Assurance Specialist can also assist with a complaint or grievance.

_____ _____

Legal Custodian Signature Date

_____

Printed Name of Student

Acknowledgment Sign-Off Sheet

Please initial each statement below:

_____ I have read, and understand, Consent for Treatment. I consent to participate in Laradon School services. Consent can be revoked at any time.

_____ I have read, and understand, the Permission to Access Community-Provided Transportation and Authorization for Alternate Pick-Up.

_____ I have read, and understand, the consent to use photographs/media of my student, and have indicated whether I consent or opt out.

_____ I have read, and understand, Laradon's Sunscreen Policy, and have indicated my preference.

_____ I have read, and understand, the Swim activity form, and have indicated whether my student may participate.

_____ I have read, and understand, the Consent to Use Physical Management, including that written notification of any incident is required by state regulation and cannot be waived.

_____ I have read, and understand, the Statement of Children's Rights.

_____ I have received the Notice of Privacy Practices and acknowledge that limited access may, or may not, be granted to certain individuals.

_____ I have read, and understand, the Laradon School's Grievance Procedure for Students.

_____ I understand the Release of Information Consent is valid for one year from today's date and may be withdrawn in writing at any time.

_____ I have read, and understand, the Authorization to Provide Emergency Medical Treatment.

_____ I have provided Laradon with current health, medication, and immunization updates for my child.

_____ I have read, and understand, that certain medical documents must be completed by my child's physician, including the Annual Physical, Physical Restraint Medical Clearance (if applicable), and Parents' Request to Administer Medication.

_____ I have identified, in the Placement & Legal Authority section, who is legally authorized to sign consents on my student's behalf.

_____ I understand that Laradon reserves the right to discharge a student due to parental behaviors that do not align with Laradon's mission and values, or that are destructive, disruptive, or hostile to the educational partnership.

_____ _____

Legal Custodian Signature Date