



GLEN MILLS SCHOOLS

Service to youth since 1826

Garrison D. Ipock, Jr.
Executive Director

Student Name: _____ **DOB:** _____

CONSENT FOR HEALTH CARE SERVICES

I, the undersigned legal guardian of the above named youth/student, authorize professional health care providers employed or contracted by the Glen Mills Schools to provide general and emergency health care services, or to seek such services from other licensed health care providers for the above named youth/student. These services shall include but not be limited to Medical, Dental, Vision and Hearing. Every reasonable effort will be made to immediately notify me in case of serious illness, serious injury or emergency hospitalization.

In the event treatment is necessary for the above named youth/student, this letter, a copy of, or a facsimile thereof shall authorize representatives of the Glen Mills Schools to secure the necessary care required for the preservation of the youth's/student's well-being. It is my understanding that this consent is in effect as long as the youth/student is in the physical or legal custody of the Glen Mills Schools.

CONSENT FOR IMMUNIZATIONS

I, the undersigned legal guardian of the above named youth/student, authorize professional health care providers employed or contracted by the Glen Mills Schools and/or the Chester County Public Health Department to provide immunizations, to include Tetanus, Diphtheria, Polio, Measles, Mumps, Rubella, Hepatitis B vaccines, Varicella (Chicken Pox), Flu Vaccine, Hepatitis A, Meningitis and Tuberculosis, as required by law or recommended by the American Academy of Pediatrics to the above named youth/student. I have had an opportunity to ask questions related to the risk of this youth/student being administered immunizations.

PERMISSION TO RELEASE HEALTH CARE INFORMATION

Name of Practice: _____
(to be completed at time of request by Glen Mills Schools' Health Center)

I. Permission – I give permission for you to release all health care information of the above named youth/student to:

The Glen Mills Schools / P.O. Box 5001 / Concordville, PA 19331.

Reason for authorization: Continuum of care at The Glen Mills Schools. This authorization remains in effect until the youth/student is discharged from The Glen Mills Schools.

II. Rights - I may withdraw this permission in writing at any time. If I withdraw my permission it will not affect any actions taken prior to my withdrawing my permission. Once the medical information is released Glen Mills Schools may share the medical information with others as needed. Privacy laws may no longer protect it.

Student: ✓ _____ Date: _____

Legal Guardian: ✓ _____ Date: _____

Witness: ✓ _____ Date: _____

**CONSENT TO GLEN MILLS FOR THE USE AND DISCLOSURE OF
PERSONAL HEALTH INFORMATION FOR TREATMENT, PAYMENT OR HEALTH CARE
OPERATIONS OR OTHERWISE EXEMPTED UNDER REGULATIONS**

I understand and agree that The Glen Mills Schools (“GMS”) may use and disclose protected health information (including but not limited to name, address, health history, symptoms, examination and test results, diagnosis and treatment) for treatment, payment or health care operations. I understand that I must consent to this use and disclosure in order for the above named student to enroll in or receive services through the GMS.

I understand and have been provided with a copy of the document entitled Notice of Privacy Practices that provides a complete description of potential uses and disclosures of the above named student’s protected health information. I understand that I have the right to review the Notice of Privacy Practices prior to signing the consent.

I understand that GMS reserves the right to change its privacy practices and will mail a copy of any revised notice to the address I've provided.

I understand that I have the right to request that GMS restrict how protected health information is used or disclosed to carry out treatment, payment or health care operation for the above named student. I further understand that GMS is not required to grant any request to restrict the use or disclosure of information. If, however, GMS agrees to a requested restriction, the restriction is binding.

I agree that I have the right to revoke this Consent for the above named student in writing, except to the extent GMS has relied upon it.

Parent or Guardian Signature

Date

Witness

Date



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Consent for Publicity

Each year The Glen Mills Schools has occasion to honor the achievements of its youth/students either for its own publicity purpose or at the request of the media (newspapers, magazines, other publications & television, etc.). By signing this Consent I authorize my youth/student to be interviewed for written, televised or radio publication. The Glen Mills Schools is also authorized to use photographs, videos and/or the school work of my youth/student in publications including but not limited to The Glen Mills Schools' newspaper.

Signature of Parent/Guardian: ✓ _____ Date: _____

Signature of Student: ✓ _____ Date: _____

Court/County Representative: ✓ _____ Date: _____
(if applicable)



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PIAA Certification of Parent/Guardian

I understand that The Glen Mills Schools is a PIAA member school governed by the PIAA rules, regulations and requirements which I can access on the PIAA Web Site at www.piaa.org. I further understand that without the signed permission of a youth's/student's parent/guardian, the youth/student cannot participate in PIAA interscholastic athletics while enrolled/committed to The Glen Mills Schools.

By signing below I, hereby, give my consent for the youth/student named above to participate in any PIAA interscholastic athletics offered at The Glen Mills Schools (Football, Cross Country Track, Golf, Soccer, Basketball, Bowling, Swimming and Diving, Indoor Track and Field, Wrestling, Baseball, Tennis, Track and Field and Volleyball) while my son is enrolled/committed to The Glen Mills Schools. I consent to the release to PIAA officials any and all school records necessary to determine my youth's/student's eligibility to participate in PIAA athletics. I consent to the PIAA's use of my youth's/student's name, likeness, and athletically related information in reports of Inter-School Practices, Scrimmages, and/or Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics. I consent to professional health care providers, including but not limited to those employed or contracted by The Glen Mills Schools, providing general and emergency health care services while the youth/student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests.

Understanding of risk of concussion and head injury: Consistent with the requirements of the PIAA, by signing below I, hereby acknowledge that I am familiar with the nature and risk of concussion and head injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or head injury. Information relevant to concussion in high school sports has been provided to me by The Glen Mills Schools and is also available to me on the PIAA Web site at www.piaa.org/piaa-for/sports-med and the Center for Disease Control (CDC) web site at http://www.cdc.gov/concussion/pdf/parents_Eng.pdf.

I also consent that for as long as my youth/student remains enrolled/court committed to The Glen Mills Schools his participation in PIAA interscholastic athletics is authorized as a part of the overall program of The Glen Mills Schools and that any and all additional PIAA consents necessary for my youth's/student's participation in PIAA interscholastic athletics will be provided by The Glen Mills Schools pursuant to the youth's/student's court commitment and this Certification.

Signature of Parent/Guardian: _____ Date: _____

HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports **one or more** symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (<i>even briefly</i>) • Shows mood, behavior, or personality changes • Can't recall events <i>prior</i> to hit or fall • Can't recall events <i>after</i> hit or fall 	<ul style="list-style-type: none"> • Headache or “pressure” in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not “feeling right” or is “feeling down”

How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.

- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

What should you do if you think your teen has a concussion?

1. **Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
3. **Teach your teen that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's “just fine.”
4. **Tell all of your teen's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

If you think your teen has a concussion:

Don't assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

It's better to miss one game than the whole season.

For more information and to order additional materials *free-of-charge*, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION





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Executive Director

Dear Parent or Guardian of Glen Mills' Students:

Your son has been recently enrolled in our School. We are currently planning an educational program for your son that will provide a realistic and beneficial experience at Glen Mills. In order to make an accurate assessment of your son's needs in the academic program, we must have all information concerning his previous educational experiences. Most schools will not send us the information without approval from a parent of the students. For this reason and in order to devise the most helpful program for your son, we would like you to authorize the release of this most needed and valuable information to Glen Mills. Please indicate your desire to help by signing on the line below marked signature of parent. Thank you very much for your cooperation and understanding.

RECORDS RELEASE SLIP

DATE: _____

I HEREBY AUTHORIZE THE RELEASE OF A TRANSCRIPT OF SCHOOL RECORDS, MEDICAL RECORDS OR ANY OTHER PERTINENT PERSONAL INFORMATION CONCERNING

_____ TO:

DIRECTOR OF EDUCATION
THE GLEN MILLS SCHOOLS
CONCORDVILLE, PA 19331

(Signature of Parent or Guardian)



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Executive Director

Dear Parent(s)/Guardian of _____

The Glen Mills Schools is providing a copy of **STUDENT'S RIGHTS** and **THE POLICY FOR PROCESSING CONCERNS AND GRIEVANCES** for parent(s)/guardian of our students. These documents are enclosed. Your son has received a copy of the Glen Mills Schools Student Handbook which contains these documents. An acknowledgement of receipt has been placed in his file.

Please sign the statement below and return this letter to us. It will be placed in your son's file to show that copies of these documents, **STUDENT'S RIGHTS** and **THE POLICY FOR PROCESSING CONCERNS AND GRIEVANCES**, have been provided.

Thank you for returning this signed letter to:

The Glen Mills Schools
Student Records - Admissions Department
P.O. Box 5001
Concordville, PA 19331

The Glen Mills Schools

This is to acknowledge receipt of copies of **CHILD'S RIGHTS** and **THE POLICY FOR PROCESSING CONCERNS AND GRIEVANCES** used at the Glen Mills Schools.

(signature)

(date)

VACCINE INFORMATION FOR ALL PARENT(S)/GUARDIAN(S)

(INFORMATION TAKEN FROM DEPT. OF HEALTH & HUMAN SERVICES CENTER FOR DISEASE CONTROL & PREVENTION)

Diphtheria, Tetanus & Pertussis Vaccine

DTaP combines vaccines against three diseases, Diphtheria, Tetanus and Pertussis into one shot. (The small "a" in the name stands for "acellular," which means that the pertussis component of the vaccine contains only parts of the pertussis bacterium rather than the whole cell.) The diphtheria and tetanus components of the vaccine are not technically vaccines, but "toxoids." In other words, they help the immune system develop protection against the toxins produced by the diseases rather than against the disease bacteria themselves. All three components of DTaP are "inactivated" (killed). Tetanus, diphtheria and pertussis (DTP) vaccines have been in common use since the 1940s. DTaP vaccine (with the acellular pertussis component) was first licensed in 1991. Children need five DTaP shots for maximum protection. The first three shots are given at 2, 4, and 6 months of age. The fourth (booster) shot is given between 15 and 18 months, and a fifth shot — another booster — is given when a child enters school, at 4–6 years. When it is given according to this schedule, DTaP protects most children from all three diseases (80%–85% from pertussis, 95% from diphtheria, nearly 100% from tetanus). Protection can fade with time, so booster doses (using Td or Tdap vaccine, see below) are recommended every 10 years. These vaccines are also sometimes given when a person gets a serious wound that could contain tetanus bacteria.

Diphtheria, Tetanus & Pertussis Vaccine Side Effects Up to one third of children who get DTaP have local reactions (tenderness, pain, redness, swelling). These are most common after the 4th or 5th doses. When they occur it is usually within 2 days after the shot. Some children also experience swelling of the entire arm or leg after the 4th or 5th DTaP dose. This happens within 3 days of the shot and usually lasts around 4 days, with no after effects. Up to about 1 child in 20 will get a fever of over 101°F — also more often after the fourth or fifth dose. And up to about 1 child in 5 may become fussy or lose their appetite for a day or two; nearly half may become drowsy after the shot. More serious side effects include a fever of 104°F or higher (1 in 3,000), continuous crying for 3 hours or more (separate studies have found this in 1 in 900 to 1 in 8,000), and convulsions (1 in 14,000). Convulsions that occur after DTaP are usually not caused directly by the vaccine, but by a fever, which in turn was triggered by the vaccine. These are called "febrile seizures" and, while they might be alarming, children recover from them quickly and they do not cause permanent harm. Some experts recommend giving a non-aspirin pain reliever, such as acetaminophen, to reduce the chances of a fever. Over the years several cases of permanent brain damage were reported following DTP vaccine (an earlier version of DTaP). Whether these were true vaccine reactions or merely coincidence is impossible to say, because they occurred so infrequently. Some people used to believe that DTP vaccine could cause Sudden Infant Death Syndrome (SIDS), but studies have discredited that theory. **Diphtheria, Tetanus & Pertussis Vaccine Precautions** In addition to the normal precautions for all vaccines, a child who developed encephalopathy (brain illness) within 7 days after a dose of DTaP should not get another dose of pertussis-containing vaccine (see DT vaccine, below). There are several other conditions that might cause a doctor to recommend not getting DTaP. These are: a temperature of 105°F, a collapse or "shock-like" state, or continuous crying for 3 or more hours, occurring within 48 hours of a previous dose; or convulsions occurring within 3 days after a previous dose. If your child had any of these conditions after a previous dose of DTaP, be sure to talk with your doctor before getting another dose of the vaccine. He or she might recommend getting a non-pertussis-containing vaccine.

Hepatitis B Vaccine

Hepatitis B vaccine is an inactivated (killed) vaccine that is made from a small, non-infectious part of the hepatitis B virus, called hepatitis B surface antigen. The vaccine was licensed in 1986, and 98%–100% of children who get the vaccine develop immunity. Some parents question why infants and young children should be vaccinated against hepatitis B when they don't have the risk factors (drug use, sexual activity, professional risk) that lead to many infections. There are two reasons. One is that babies and children can become infected too. If a mother infects her baby during birth, for example, and the baby is not immunized immediately, it will probably become chronically infected too. One out of 4 of these children will eventually die from cirrhosis or liver cancer. The other reason is that vaccinating only high-risk adolescents and adults has proved not to be a very effective way to control the disease. It was only after we began routine childhood vaccination that rates of disease began to drop significantly. Three doses of hepatitis B vaccine are needed for full protection. The first dose is recommended at birth. This is particularly important for children whose mothers are chronically infected. The second dose is recommended at 1–4 months and the third at 6–18 months. These three doses should protect children for life. No additional booster doses are needed. **Hepatitis B Vaccine Side Effects** About 3–9 children out of 100 have some soreness where the shot is given, and up to 6 in 100 develop a mild fever. Up to 2 out of 10 might become tired or irritable. More serious reactions are extremely rare. **Hepatitis B Vaccine Precautions** In addition to the normal precautions for all vaccines children who are known to have a severe allergy to yeast should not get hepatitis B vaccine.

Measles, Mumps and Rubella

MMR combines vaccines for Measles, Mumps and Rubella into one shot. MMR has been around since 1971, although its three components were licensed separately during the 1960s. It is a live vaccine, containing measles, mumps and rubella viruses that have been "attenuated" (weakened), so they won't cause disease. Most children who get the vaccine develop immunity to all three diseases (over 99% for measles and 95% for mumps and rubella). Protection is believed to be life-long. Two doses of vaccine are recommended, with the first dose given at 12–15 months of age. The second dose may be given 4 weeks after the first, but it is usually given at 4–6

years. Measles, mumps and rubella vaccines may be given separately, although these individual vaccines are not always readily available. Doctors usually prefer not to give the vaccines this way because it means giving a child 3 shots instead of one. **Measles, Mumps and Rubella Vaccine Side Effects** Some children (about 1 in 5) get a mild rash or fever after MMR vaccine. These reactions begin a week or two after the vaccination and usually last for 1–3 days. About 1 child in 7 may get swollen lymph glands, and 1 child in 100 may have pain or stiffness in the joints that can last from a few days to a few weeks. There is a smaller risk of painful swelling of the joints (arthritis). These joint symptoms occur more often in adults, especially women. Febrile seizures (seizures caused by a fever) have occasionally been reported after MMR vaccination. These usually happen 1 or 2 weeks after the shot and are caused by the fever than can accompany the vaccination rather than by the vaccine itself. Children recover from febrile seizures quickly and they do not cause permanent harm. There have been reports of children getting encephalitis (inflammation of the brain) after an MMR shot. This happens so rarely — less than once in a million shots — that experts can't be sure whether the vaccine is the cause or not. Remember, though, that if the same million children were infected with measles, about 1,000 of them would get encephalitis. **Measles, Mumps and Rubella Vaccine Precautions** In addition to the normal precautions for all vaccines, children who are known to have a severe allergy to gelatin or the antibiotic neomycin should not get MMR. A child who has a suppressed immune system, either because of a disease such as cancer or HIV infection or a medication such as steroids, should be evaluated by a doctor before getting MMR. A child who has recently gotten a transfusion or other blood product might have to wait up to several months before getting MMR. Two live vaccines (for example, MMR and varicella) may be given on the same day or separated by at least 4 weeks. But they should not be given less than 4 weeks apart, because they might interfere with each other. MMR and inactivated (killed) vaccines may be given together, or at any time in relation to each other. Children who have gotten MMR vaccine cannot infect people they come in contact with.

Chickenpox (Varicella) Vaccine

Varicella vaccine is made with live, attenuated (weakened) varicella virus. It was licensed in the United States in 1995. It prevents chickenpox in 70%–90% of people who get it, and it prevents severe chickenpox in more than 95%. It is expected to provide life-long immunity. People who were vaccinated during testing, before the vaccine was licensed, are still immune. Two doses of varicella vaccine are recommended for children. The first dose is recommended at 12–15 months of age. It is usually given at the same time as MMR vaccine. The second dose is recommended at 4–6 years, before entering kindergarten or first grade. It may be given sooner, as long as it is separated from the first dose by at least 3 months. Anyone who has had chickenpox does not need the vaccine. Each year, about 1% of people who have gotten varicella vaccine develop chickenpox in spite of having responded to the vaccine. This is called “breakthrough” infection. Breakthrough infections are much milder than normal chickenpox. Patients generally have fewer than 50 lesions, which do not form blisters. They also do not get a fever and have no complications. We don't know why breakthrough infections occur. **Chickenpox (Varicella) Vaccine Side Effects** About 1 child in 5 gets some redness or soreness where the shot was given. Some children also get a mild rash (about 5 spots) 1 to 3 weeks after the shot. About 15% of children get a fever, but most of these fevers have been shown to have causes other than the vaccine. Febrile seizures (seizures caused by fever) have occurred in less than 1 out of 1,000 children. Other serious problems, such as inflammation of the brain (encephalitis) or loss of muscle coordination, have been reported very rarely — so rarely that it is not certain that the vaccine is the cause. **Varicella Vaccine Precautions** In addition to the normal precautions for all vaccines, shown on page 30, children who are known to have a severe allergy to gelatin or the antibiotic neomycin should not get varicella vaccine. A child who has a suppressed immune system, either because of a disease such as cancer or HIV infection, or a medication such as steroids, should be evaluated by a doctor before getting varicella vaccine. A child who has recently gotten a transfusion or other blood product might have to wait up to several months before getting varicella vaccine. The manufacturer recommends not using aspirin or other salicylates for 6 weeks after varicella vaccine. This is because Reye syndrome has been associated with use of salicylates after chickenpox disease. Any similar risk associated with the vaccine is merely theoretical. Two live vaccines (for example, varicella and MMR) may be given on the same day or separated by at least 4 weeks. But they should not be given less than 4 weeks apart, because they might interfere with each other. Varicella and inactivated (killed) vaccines may be given together, or at any time in relation to each other. There is a very small risk that a child who has gotten varicella vaccine could infect a susceptible family member — particularly one with a suppressed immune system. This appears to happen very rarely, and only when the vaccinated child develops a rash. To be safe, anyone with a suppressed immune system should consider avoiding contact with a child who develops a varicella vaccine-related rash.

Meningococcal Vaccines:

What is meningococcal disease? Meningococcal disease is a serious bacterial illness. It is a leading cause of bacterial meningitis in children 2 through 18 years old in the United States. Meningitis is an infection of fluid surrounding the brain and the spinal cord. Meningococcal disease also causes blood infections. About 1,000 - 2,600 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10-15% of these people die. Of those who live, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes. Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people with certain medical conditions, such as lack of a spleen. College freshmen who live in dormitories, and teenagers 15-19 have an increased risk of getting meningococcal disease. Meningococcal infections can be treated with drugs such as penicillin. Still, about 1 out of every ten people who get the disease dies from it, and many others are affected for life. This is why preventing the disease through use of meningococcal vaccine is important for people at highest risk.

Meningococcal vaccine - There are two kinds of meningococcal vaccine in the U.S.:

- Meningococcal conjugate vaccine (MCV4) was licensed in 2005. It is the preferred vaccine for people 2 through 55 years of age.
- Meningococcal polysaccharide vaccine (MPSV4) has been available since the 1970s. It may be used if MCV4 is not available, and is the only meningococcal vaccine licensed for people older than 55.

Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. Meningococcal vaccines cannot prevent all types of the disease. But they do protect many people who might become sick if they didn't get the vaccine. Both vaccines work well, and protect about 90% of people who get them. MCV4 is expected to give better, longer-lasting protection. MCV4 should also be better at preventing the disease from spreading from person to person.

Who should get meningococcal vaccine and when? A dose of MCV4 is recommended for children and adolescents 11 through 18 years of age. This dose is normally given during the routine preadolescent immunization visit (at 11 to 12 years of age). But those who did not get the vaccine during this visit should get it at the earliest opportunity. Meningococcal vaccine is also recommended for other people at increased risk for meningococcal disease: College freshmen living in dormitories, Microbiologists who are routinely exposed to meningococcal bacteria, U.S. military recruits, Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa. Anyone who has a damaged spleen, or whose spleen has been removed, Anyone who has terminal complement component deficiency (an immune system disorder), People who might have been exposed to meningitis during an outbreak, MCV4 is the preferred vaccine for people 2 through 55 years of age in these risk groups., MPSV4 can be used if MCV4 is not available and for adults over 55.

How Many Doses? People 2 years of age and older should get 1 dose. Sometimes an additional dose is recommended for people who remain at high risk. Ask your provider. MPSV4 may be recommended for children 3 months to 2 years of age under special circumstances. These children should get 2 doses, 3 months apart. 4. Some people should not get meningococcal vaccine or should wait. Anyone who has ever had a severe (life-threatening) allergic reaction to a previous dose of either meningococcal vaccine should not get another dose. Anyone who has a severe (life threatening) allergy to any vaccine component should not get the vaccine. Tell your doctor if you have any severe allergies. Anyone who is moderately or severely ill at the time the shot is scheduled should probably wait until they recover. Ask your provider. People with a mild illness can usually get the vaccine. Anyone who has ever had Guillain-Barré Syndrome should talk with their provider before getting MCV4. Meningococcal vaccines may be given to pregnant women. However, MCV4 is a new vaccine and has not been studied in pregnant women as much as MPSV4 has. It should be used only if clearly needed. Meningococcal vaccines may be given at the same time as other vaccines.

What are the risks from meningococcal vaccine? A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of meningococcal vaccine causing serious harm, or death, is extremely small.

Mild problems : As many as half the people who get meningococcal vaccines have mild side effects, such as redness or pain where the shot was given. If these problems occur, they usually last for 1 or 2 days. They are more common after MCV4 than after MPSV4. A small percentage of people who receive the vaccine develop a fever.

Severe problems: Serious allergic reactions, within a few minutes to a few hours of the shot, are very rare. A serious nervous system disorder called Guillain-Barré Syndrome (or GBS) has been reported among some people who received MCV4. This happens so rarely that it is currently not possible to tell if the vaccine might be a factor. Even if it is, the risk is very small.

What if there is a moderate or severe reaction? What should I look for? Any unusual conditions, such as a serious allergic reaction, high fever or unusual behavior. Serious allergic reactions are extremely rare with any vaccine. If one were to occur, it would most likely be within a few minutes to a few hours after the shot. Signs can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness. If a high fever or seizure were to occur, it would usually be within a week after the shot.

What should I do? Call a doctor or get the person to a doctor right away. Tell your doctor what happened, the date and time it happened, and when the vaccination was given.

Polio Vaccine

The polio vaccine used in the United States contains 3 types of inactivated (killed) polio virus. It is sometimes called IPV (Inactivated Polio Vaccine). We once used another type of polio vaccine — a liquid that was swallowed, called OPV (Oral Polio Vaccine). This vaccine is no longer available in the United States but is still used in other parts of the world. The first inactivated polio vaccine (the Salk vaccine) was licensed in 1955, and the vaccine we use today (an improved version) has been in use since 1987. The vaccine protects 99% of children who get at least three doses. Children should get four doses of polio vaccine, the first three doses at 2, 4, and 6–18 months of age, and a booster dose at 4–6 years. **Polio Vaccine Side Effects** Inactivated polio vaccine is a very safe vaccine. It is not known to produce any side effects other than a little soreness and redness where the shot is given. The old oral vaccine, OPV, could actually cause polio, although rarely. This cannot happen with IPV. **Polio Vaccine Precautions** In addition to the normal precautions for all vaccines, a child who is known to have a severe allergy to the antibiotics neomycin, streptomycin, or polymyxin B should not get polio vaccine.

INFORMATION FOR PARENT(S)/GUARDIAN(S)

VISITATION POLICIES & PROCEDURES

We wish to extend our welcome for you to visit your son while he is at the Glen Mills Schools. We ask that you follow our visitation policies and procedures to ensure a pleasant visit.

1. Visitors are restricted to Parent(s), Grandparent(s) and Legal Guardians.
2. Advanced notice is required for visitation.
3. **NO electronic devices, cameras or cell phones are permitted on campus, any violation will terminate the visit.**
4. All visitors must provide a valid photo ID; no visits will be permitted without a valid photo ID.
5. No one is permitted to wait in the parking lot.
6. Monday through Friday visitors are required to immediately register at the switchboard located in the Administration Building; the building with the clock tower.
7. Weekend & Holiday visitors are required to immediately register with the staff member assigned to the main parking lot. This lot is located on the right just past the main entrance.
8. All visitors must sign a student visitation sheet.
9. Visitation may be observed based upon the student's ISP and behavior in order to ensure for safety and community protection.
10. Students are not permitted to receive any items during a visit.
11. Any inappropriate behavior could cause immediate termination of your visit and jeopardize future visits.

VISITING DAYS & HOURS

DAYS	HOURS	YOU MUST SCHEDULE YOUR VISIT
Monday through Friday	3:00 PM – 5:00 PM	At least 2 days prior to visit
Saturday & Sunday	1:30 PM – 4:00 PM	Before 4:30 PM Wednesday
Holidays	1:30 PM – 4:00 PM	At least 2 days prior to visit

TO SCHEDULE A VISIT

1. Call 610-459-8100 between the hours of 8:30 AM and 4:30 PM EST.
2. Remember NO visits will be scheduled after 4:30 PM on Wednesday for the upcoming weekend.
3. NO visits can be scheduled after 4:30 PM on Friday until 8:30 AM Monday.
4. Your call will be answered by an automated answering service, therefore, speak clearly and slowly with the following information:
 - Say and spell the student's first and last name
 - Identify the Hall/Unit in which the student resides
 - Say the date/dates you would like to visit
 - Say the names of all visitors in your group and their relationship to student
 - Leave a telephone number where you can be reached. You will only be called if your message cannot be understood
 - Remember only Parent(s), Grandparent(s) and Legal Guardian(s) are permitted to visit.

DIRECTIONS TO THE GLEN MILLS SCHOOLS

FROM HARRISBURG:

Take the Pennsylvania Turnpike to Exit 312 (Downingtown/West Chester). Take Route 100 South to West Chester/Route 202. Take Route 202 South (heading towards Wilmington, DE). At the intersection of Routes 1 and 202, make a left. Continue on Route 1 North. Go to the sixth stop light and make a left. This road is Cheyney Road. Go to the third stop sign and make a right. This is Glen Mills Road. Go about one mile, the Glen Mills Schools is on the left.

FROM LEHIGH COUNTY:

Take the Northeast Extension South (Route 476 South). Stay on 476 South after the tolls. (This is the Blue Route). Follow this to Exit 5 (Old Exit 3). This is the Route 1 Media Bypass. Continue on Route 1 South. This road will merge, follow the merge as it is still Route 1. You will pass Granite Run Mall on your right. Continue on Route 1 past the Franklin Mint (this will be on your left). At the third light after the Franklin Mint, make a right. This is Stoneybank Road. Continue on Stoneybank Road until you cannot go any further. Make a left. This is Glen Mills Road. Continue up the hill approximately one half mile. The Glen Mills Schools is on the right.

FROM PHILADELPHIA:

Take I-95 South to the Route 322 Exit. Take Route 322 West approximately seven miles to the intersection of Route 1. Turn right onto Route 1. Continue North on Route 1 to the second traffic light. This is Cheyney Road. Make a left onto Cheyney Road. Go to the third stop sign and make a right. This is Glen Mills Road. Go about one mile. The Glen Mills Schools is on the left.

FROM NEW YORK CITY:

Take the New Jersey Turnpike to Exit 2 (Route 322 West, Swedesboro). After the toll, go to Route 322 West. Cross over the Commodore Barry Bridge into Pennsylvania. Continue to follow the signs for Route 322 West Chester. Take Route 322 West for approximately seven miles to the intersection of Route 1. At the light at Route 1, make a right. Continue on Route 1 North to the second traffic light. Make a left at the light. This is Cheyney Road. Go to the third stop sign and make a right. This is Glen Mills Road. Go about one mile. The Glen Mills Schools is on the left.

FROM WASHINGTON, DC AND BALTIMORE, MD

Take I-95 North. On the north side of Wilmington, DE take Route 202 North. Follow Route 202 North for approximately ten miles across the Pennsylvania state line. At the intersection of Routes 1 and 202, make a right. Go to the sixth stop light and make a left. This is Cheyney Road. Go to the third stop sign and make a right. This is Glen Mills Road. Go about one mile. The Glen Mills Schools is on the left.

**NOTICE OF PRIVACY PRACTICES FOR
THE GLEN MILLS SCHOOLS**

Protected Health Information

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I. How The Glen Mills Schools Uses and Discloses Your Health Information: The Glen Mills Schools provides a broad range of services through a wide variety of health and human services programs. If you receive services from the Glen Mills Schools, we may use your protected health information and disclose it to other health and human service programs to:

- a. plan and provide your care and treatment
- b. communicate with health care professionals who care for you
- c. describe the care you receive
- d. obtain reimbursement from private and public insurers or other government programs
- e. verify that services billed were actually provided
- f. educate health professionals
- g. inform public health officials charged with improving healthcare
- h. administer the Glen Mills Schools' programs which provide public benefits, and/or health or human services
- i. assess and improve the services provided and the outcomes achieved
- j. pay for services you receive
- k. inform you about other public programs and services

The Glen Mills Schools and its programs will not use or disclose your protected health information except as described in this notice or otherwise authorized by law.

II. Your Health Information Rights: You have the right to:

- a. request a restriction on certain uses and disclosures of your protected health information
- b. obtain a paper copy of this Notice of Information Practices upon request
- c. inspect and copy your protected health information
- d. request amendments to your protected health information
- e. obtain an accounting of disclosures of your protected health information
- f. request communications of your protected health information by alternative means or at an alternative address
- g. revoke your consent to use or disclose protected health information to the extent that it has not already been relied upon
- h. file a complaint to the Privacy Officer of the Glen Mills Schools and/or the Secretary of the U.S. Department of Health and Human Service if you believe your privacy rights have been violated.

III. Glen Mills Schools' Duties: The Glen Mills Schools' health and human services programs each have a duty to:

- a. maintain the privacy of your protected health information
- b. provide you with a notice as to our legal duties and privacy practices with respect to protected health information we collect and maintain about you
- c. abide by the terms of this notice
- d. notify you if we are unable to agree to a requested restriction
- e. accommodate reasonable requests you may have to communicate health information by alternative means or at an alternative address
- f. Provide an accounting of disclosures of your protected health information

The Glen Mills Schools or any of its programs may change its privacy practices and make the new privacy practices effective for all protected health information we maintain. Should our privacy practices change, we will mail a revised notice to your provided address.

IV. For More Information or to Report a Problem: If you have questions and would like additional information, you may contact the Privacy Officer of the Glen Mills Schools, Dan O'Neill: (610) 459-8100 ext. 276

If you believe your privacy rights have been violated, you can file a complaint with the Executive Director of the Glen Mills Schools or the Secretary of the United States Department of Health and Human Services. There will be no retaliation for filing a complaint.

V. Examples of Disclosures for Treatment, Payment and Health Operations:

We will use your health information for treatment. For example: Information obtained by a nurse, psychologist, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you.

We will use your health information for payment. For example: A bill may be sent to an insurance company or any private or public source of health coverage you have identified. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and services provided.

We will use your health information for regular health operations, including but not limited to auditors, license inspectors, accreditation, and utilization reviews. For example: Members of the Glen Mills Schools' quality assurance team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

VI. Others who may receive your health information – by law or by regulation

Law enforcement: We may disclose health information for law enforcement purposes.

Other current providers of services. Should you be receiving services currently from other providers, we may disclose information to the other providers to the extent that they need the information to provide proper care and treatment.

Other possible future providers of services. Should you need services in the future from other providers of services, including but not limited if the information is part of a psychiatric commitment process or if involved in a medical emergency, we may disclose information for the provider to assess your needs and to assure continuity of proper care and treatment.

INFORMATION FROM THE GLEN MILLS SCHOOLS HEALTH CENTER

Dear Parent(s)/Guardians of Pennsylvania Students: Please be aware that you son's medical coverage (**INSURANCE COVERAGE**) will become a Keystone Mercy Health Plan (HMO) while he is placed at the Glen Mills Schools.

Attention All Parent(s)/Guardian(s): We are in need of a copy of your son's **IMMUNIZATION RECORDS**. Please return with your signed medical information form.

EMERGENCY MEDICAL PLAN:

- When used: Life threatening illness or injury, non-life threatening injury or illness requiring services of physician, as well as, behavioral health concerns.
- Emergency Staffing: A nurse is on call from 4:30 PM until 8:30 AM weekday evenings and nights and 24 hours a day on weekends for medical emergencies.
- Hospitals: Riddle in Media or Crozer in Chester are routinely used.
- Modes of transportation: GMS Staff member in GMS vehicle or Ambulance

The Glen Mills Schools Health Center

MAILING ADDRESSES

When mailing letters or sending cards, please address the envelope as follows:

Student's Name and Living Unit
The Glen Mills Schools
P.O. Box 5001
Concordville, PA 19331

When mailing packages to a student, please address the package as follows:

Student's Name and Living Unit
The Glen Mills Schools
185 Glen Mills Road
Glen Mills, PA 19342

GRIEVANCE PROCESS

As a student of the Glen Mills Schools you have the right to lodge a grievance, without fear of retaliation, if you feel that your rights have been violated.

1. If, as a student, you have a concern that one of your student rights were violated there are several options which you may use in dealing with your grievance. You may discuss your grievance with a peer (your roommate, "Big Brother" or Battling Bulls Club member). A peer may be able to help resolve your grievance or give you helpful feedback. Another option would be to express your grievance to your Guided Group Interaction (GGI) group for feedback and direction. You may also express your grievance during your cottage Townhouse meeting or cottage Battling Bulls Club meeting. You may choose to use these options or you may want to speak directly with any of the staff listed in this process.
2. If you have a concern about a violation of your rights you can speak with your individual counselor. This should be done within five days of the date when you felt a right had been violated. If your counselor is not able to resolve your concern you should speak with the Senior Counselor of your cottage. The Senior Counselor will record your grievance on the "Grievance Tracking Form". You will have to write down what right was violated and exactly what your grievance is and sign the form. The Senior Counselor will try to resolve your grievance. If your grievance is resolved you will sign the "Grievance Tracking Form" and what was done will be recorded.
3. If you do not feel your grievance has been resolved you may ask the Senior Counselor to have the "Grievance Tracking Form" passed on to the Team Leader of you unit. You may speak with your cottage Team Leader about your grievance. The unit Team Leader will record on the "Grievance Tracking Form" the date you spoke to him. The Team Leader will try and resolve your grievance. If your Grievance is resolved you will sign the "Grievance Tracking Form" and what was done will be recorded.
4. If you do not feel your grievance has been resolved you may ask the Team Leader to have the "Grievance Tracking Form" passed on to the Group Living Director. You may speak with the Group Living Director about your grievance. The Group Living Director will record on the "Grievance Tracking Form" the date you spoke to him. The Group Living Director will try and resolve your grievance. If your Grievance is resolved you will sign the "Grievance Tracking Form and what was done will be recorded.
5. If you do not feel your grievance has been resolved you may ask the Group Living Director to have the "Grievance Tracking Form" passed on to the Executive Director. You may speak with the Executive Director about your grievance. The Executive Director will record on the "Grievance Tracking Form" the date you spoke to him. The Executive Director will try and resolve your grievance. If your Grievance is resolved you will sign the "Grievance Tracking Form" and what was done will be recorded.
6. If you are unable to resolve your grievance using this process you will have the opportunity to talk with your Probation Officer or Worker. If your grievance is resolved you will sign the "Grievance Tracking Form" and what was done will be recorded.