



Cherokee Creek Boys School

SECTION II MEDICAL Information

AUTHORIZATION TO RELEASE RECORDS

Instruction: The following forms are to be signed by the parent / guardian and given to medical practitioners. The medical practitioners are to release student information directly to Cherokee Creek Boys School.



- ☐ M1: Dental Authorization
- ☐ M2: Medical Authorization
- ☐ M3: Psychological Authorization

MEDICAL INFORMATION

Instruction: The following forms are to be completed and signed by the child's physician and returned to Cherokee Creek Boys School.

- ☐ M4: Medication Instruction
- ☐ M5: Physical Examination Form
If child recently had a physical exam, the physician may attach the form from that exam in place of this CCBS form.
- ☐ M6: South Carolina Certificate of Immunization (SCDHEC)
Important: This original form **must** be completed by physician and submitted to CCBS for student admission.

PARENT / GUARDIAN SIGNATURE REQUIRED

Instruction: The following forms are to be signed by the parent / guardian returned to Cherokee Creek Boys School.

- ☐ M7: Medical Release Form
- ☐ M8: Psychoeducational Evaluation Request
- ☐ M9: Conditional Enrollment
- ☐ M10: Consent to Examination and Treatment

ADDITIONAL DOCUMENTS AND RECORDS REQUIRED

- ☐ M11: Current Psychological and Educational Evaluation
- ☐ M12: Medical Insurance Information
- ☐ M13: Medication Instructions

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M1

Dental Authorization

The undersigned parent / guardian of _____ (Student's name)
hereby authorizes and requests that you immediately release to **Cherokee Creek Boys School** any and all information requested by it relating to **Student**.

A photocopy of this authorization shall be deemed valid as though it were an original document.

It is important that this information be made available to **Cherokee Creek Boys School** at your very earliest convenience.

Thank you very much.



Parent / Guardian Signature

Date



Parent / Guardian Signature

Date



Parent / guardian signs and gives to medical practitioner who is then authorized to release student information to Cherokee Creek Boys School.

Cherokee Creek Boys School



M2

Medical Authorization

The undersigned parent / guardian of _____ (Student's name)
hereby authorizes and requests that you immediately release to **Cherokee Creek Boys School** any and all information requested by it relating to **Student**.

A photocopy of this authorization shall be deemed valid as though it were an original document.

It is important that this information be made available to **Cherokee Creek Boys School** at your very earliest convenience.

Thank you very much.



Parent / Guardian Signature

Date



Parent / Guardian Signature

Date



Parent / guardian signs and gives to medical practitioner who is then authorized to release student information to Cherokee Creek Boys School.

Cherokee Creek Boys School



M3

Psychological Authorization

The undersigned parent / guardian of _____ (Student's name)
hereby authorizes and requests that you immediately release to **Cherokee Creek Boys School** any and all information requested by it relating to **Student**.

A photocopy of this authorization shall be deemed valid as though it were an original document.

It is important that this information be made available to **Cherokee Creek Boys School** at your very earliest convenience.

Thank you very much.



Parent / Guardian Signature

Date



Parent / Guardian Signature

Date



Parent / guardian signs and gives to medical practitioner who is then authorized to release student information to Cherokee Creek Boys School.

Cherokee Creek Boys School

**M4**

Medication Instruction



Student Name: _____ **Date:** _____

Rx Medication: _____
Purpose: _____
Dosage: _____
Frequency: _____
Duration: _____
Refills, if Prescribed: _____

Rx Medication: _____
Purpose: _____
Dosage: _____
Frequency: _____
Duration: _____
Refills, if Prescribed: _____

Rx Medication: _____
Purpose: _____
Dosage: _____
Frequency: _____
Duration: _____
Refills, if Prescribed: _____

Instructions for Follow-up: _____

Physician's Name: _____

Address: _____

Phone Number: () _____



Physician's Signature

Date



Additional Pages Attached ☐ Yes ☐ No (Please label "Medical M4")

Cherokee Creek Boys School



M5

Physical Examination

1 of 2 pages

To be completed by physician.



NOTE: If student has had a recent physical exam, physician may submit that information in place of this form.

Student's Name: _____ Date of Exam: _____

Birth Date: _____ Age: _____ Height: _____ Weight: _____

Blood Pressure: _____ Pulse: _____

Integument: _____ Head: _____

Eyes: Glasses? ☐ Yes ☐ No Vision: R _____ L _____ Funduscopy _____

Ears: _____

Allergies: _____

Nose: _____

Throat: _____

Allergies To Medications: _____

Neck: _____

Lymph: _____

Chest: _____

Heart: _____

Abdomen: _____

Genitalia: _____

Neurological: _____

Musculoskeletal: _____

Scoliosis: _____

Significant Findings / Recommendations: _____

Note to physician: Please add additional pages, if necessary.



Cherokee Creek Boys School



M5

Physical Examination

2 of 2 pages

Is there any physical impairment that would limit this student's ability to participate in vigorous physical activities? _____

Please list all current medical problems, which are now under treatment. Include all medications being taken and the dosage. _____

Required laboratory tests and immunizations. Please attach results. 

1. Urinalysis
2. CBC w / differential
3. Glucose
4. VDRL
5. Venereal disease (if indicated)
6. Tuberculosis skin test (PPD) or chest x-ray – Date: _____
Results: _____
If positive, has student received prophylactic treatment? ☐ Yes ☐ No
7. Tetanus (within past 10 years) – Date: _____

Physician's Name: _____

Address: _____

Phone Number: () _____



Physician's Signature

Date



Additional Pages Attached ☐ Yes ☐ No (Please label "Medical M5")



SOUTH CAROLINA CERTIFICATE OF IMMUNIZATION

(TO BE COMPLETED BY A LICENSED PRACTITIONER OF MEDICINE, SURGERY, OR OSTEOPATHY, OR BY HIS OR HER AUTHORIZED REPRESENTATIVE)

Section I a - DAY CARE	Section I b - SCHOOL	
____/____/____ Date for next immunization (Child can attend day care for no more than one month following this date.) or [] Final certificate for DAY CARE ATTENDANCE*	[] Has received all immunizations required for SCHOOL ENTRY* (Invalid if checked before child's fourth birthday)	EXEMPTIONS (check all that apply) [] MEDICAL CONTRAINDICATION Complete Section IV below. Child can attend school for no more than one month following the earliest expiration date in Section IV. [] AGE-RELATED EXEMPTION Date of fourth birthday or next immunization after fourth birthday (child can attend school for no more than one month following this date): ____/____/____ [] CATCHING UP Date for next immunization (child can attend school for no more than one month following this date): ____/____/____

*Required standards of immunization for permanent certification for day care attendance and for school entry are published annually by SCDHEC Division of Immunization (Telephone 1-800-277-4687).

Section II - CHILD'S IDENTIFICATION

DOB: ____/____/____

Section III - DATES OF IMMUNIZATIONS

VACCINES	M/D/Y	M/D/Y	M/D/Y	M/D/Y	M/D/Y	M/D/Y	M/D/Y
Hepatitis B							
HepB-Ped							
HepB-Adult							
OPV							
IPV							
DTP or DTaP							
DT or Td							
HIB							
Hib - PRPOMP							
MMR							
VAR							
Other:	/ /	/ /	/ /	/ /	/ /	/ /	/ /

Section IV - MEDICAL CONTRAINDICATION

This child is exempted from receiving each of the vaccines listed below for a MEDICAL REASON.

VACCINE(S)	DATE EXEMPTION EXPIRES	OR PERMANENT EXEMPTION
	/ /	[]
	/ /	[]

Section V - CERTIFICATION OF IMMUNIZATION STATUS

Type or Print Certifier's Name

Certifier's Signature or Stamp

Certifier's Telephone Number

Date Certificate Issued



Cherokee Creek Boys School



M7

Medical Release Form



1 of 2 pages

1. For relief of minor illnesses and common symptoms of discomfort, **CCBS** dispenses to **Students** from its medical room standard over-the-counter remedies. These include analgesics, antihistamines, decongestants, cough syrup, antacids, anti-fungicides, eye drops, sunscreens, anti-diarrheals, and salves for chapped lips, insect bites, poison oak and minor burns.

Parent / Guardian requests that the following over-the-counter remedies **not** be made available to **Student**:

Except as listed above, permission is given for **Student** to receive over-the-counter medications if, and when, **CCBS** deems it appropriate.

2. **Parent / Guardian** advises **CCBS** that **Student** suffers from the condition(s) of:

and that his condition necessitates a special medical treatment program and / or restricted dietary intake. **Parent / Guardian** acknowledges that he / she has been advised and informed by **CCBS** that it is not a medical facility and that it does not have a physician in residence on campus. **Parent / Guardian** also acknowledges that it has been advised and informed that **CCBS** staff is not in a position to determine or advise regarding appropriate treatment, emergency, or non-emergency care for **Student** and that **CCBS** has requested that **Parent / Guardian** and **Student's Physician** provide **CCBS** with a complete history and detailed instructions regarding requested treatment, including any and all medications, activity restrictions and any other relevant information.

3. **Parent / Guardian** acknowledges that he / she has been advised that a major objective of **CCBS** is to create a totally drug-free environment but cannot guarantee that **Student** will not somehow obtain drugs which could be injurious to his health.

Notwithstanding the above, **Parent / Guardian** acknowledges that **CCBS** has advised him / her that because the program of **CCBS** is challenging academically and physically, that its program may exacerbate stress which could adversely affect physical and emotional conditions sensitive to stress.



Cherokee Creek Boys School



M7

Medical Release Form



2 of 2 pages

4. **Parent / Guardian** acknowledges that both South Carolina and Federal laws require that all school-age children be immunized against Poliomyelitis, Diphtheria, Tetanus, Pertussis, Measles, Rubella and receive a Tuberculosis Skin Test. **Parent / Guardian** further acknowledges that **Student** may need to be immunized or receive a booster shot for immunization against one of these diseases while under **CCBS's** supervision. **Parent / Guardian** has been advised of the risks associated with such vaccines and has received and reviewed literature regarding same. **Student** is not exempt from immunization on personal or religious grounds, nor does **Student** have a medical condition which contraindicates administration of any of these vaccines. **Parent / Guardian** hereby authorizes **CCBS** to cause **Student** to be immunized against the above diseases.

If **Student** is exempt from immunization on personal belief or religious grounds, **Parent / Guardian** must provide a written statement so stating. If **Student** is exempt from immunization as a result of a medical condition, which contraindicates administration of any of these vaccines, a letter from **Student's Physician** is required by law.

A photocopy of this authorization shall be deemed valid as though it were an original document.

I have read (or had read to me) the foregoing and agree to each and every provision herein.



Parent / Guardian Signature

Date



Parent / Guardian Signature

Date



Additional Pages Attached ☐ Yes ☐ No (Please label "Medical M7")

IF YOUR INSURANCE CHANGES, PLEASE INFORM US WITHIN 10 DAYS.

Cherokee Creek Boys School

M8 Psychoeducational Evaluation Request



Name of Student

Date of Birth

Admissions Counselor

Entry Date

TESTING REQUIRED: ☐ Yes ☐ No

	Full Battery
	Abbreviated Battery
	Academic

	Personality
	Other: _____
	Other: _____

Purpose: _____

Testing Requested by: _____ Date: _____

Parent Permission: _____ Date: _____

_____ Date: _____



PREVIOUS EVALUATIONS AND HISTORY

Name of Previous Test	Evaluator / Date	Evaluator / Date	Evaluator / Date
WISC III/R OR WAIS III/R			
Stanford Binet 4th Edition			
Woodcock Johnson-R			
WRAT 3			
TOWL 2 OR 3/GORT			
TOVA/Conners/Lambert			
MMPI-MMPI 2 –MMPIA			
MACI			
TAT			
Draw a Person/HTP			
Rorschach			

LD / ADHD _____

Signature of Headmaster: _____ Date: _____



Cherokee Creek Boys School

M9

Conditional Enrollment

Note: This form acknowledges that the **Parent / Guardian** has requested **Cherokee Creek Boys School** to immediately enroll the **Student** without **CCBS** having the benefit of a current psychological and / or educational evaluation to determine the propriety of enrollment.

Due to time constraints that you have set forth, we have agreed to enroll _____ (**Student**) with the express understanding that should the testing or information obtained after enrollment reveal that he may not benefit or be appropriate for our program, **CCBS**, in its sole discretion, may immediately terminate his enrollment. If terminated, you agree, nonetheless, to comply with the admissions contract in all respects insofar as applicable. You acknowledge that you have been advised that this may present a hardship to you and your child as well as to **CCBS**.

By signing below you acknowledge that the above is acceptable.



Parent / Guardian Signature

Date



Parent / Guardian Signature

Date

Cherokee Creek Boys School



M10 Consent to Examination and Treatment



1 of 2 pages

Release of Medical and Dental Provider Information

Name of Student

Date of Birth

1. The undersigned **Parent / Guardian** hereby authorizes and consents to x-ray examination, anesthetic, inoculation, vaccination, medical or surgical diagnosis or treatment and hospital care to be rendered to **Student** under the supervision and advice of a licensed physician under the provisions of the Medical Practice Act.

Parent / Guardian hereby consents to x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to **Student** by a dentist licensed under the provisions of the Dental Practice Act.

Parent / Guardian hereby authorizes and consents to any treatment and psychological testing from a licensed psychologist and / or psychiatrist to be rendered to **Student**.

Parent / Guardian hereby authorizes release of all medical and dental information regarding **Student** to **Cherokee Creek Boys School (CCBS)**.

2. **Parent / Guardian** understands that he / she is responsible for all medical, dental and psychological expenses notwithstanding any health insurance **parent / guardian** may have. **Parent / Guardian** is aware that some HMO's and limited health plans do not have providers in the local area except for emergency treatment. **Parent / Guardian** will be required to maintain a policy that covers all services provided in Toccoa, GA / Westminster or Seneca, SC for **Student's** medical care. Please refer all medical / dental billing and / or insurance to:

Parent / Guardian Name: _____

Social Security Number (SSN): _____

Birth Date: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cherokee Creek Boys School



M10 Consent to Examination and Treatment



2 of 2 pages

Release of Medical and Dental Provider Information

Proof of medical / dental insurance must be provided in the space below:

Insurance Company: _____

Address: _____

Policy Holder: _____ Policy Number: _____

Employer, if Group Policy: _____

Coverage: _____

Medical / Dental Alert Information

A photocopy of this authorization shall be deemed valid as though it were an original document.

I have read (or had read to me) the foregoing and agree to each and every provision herein.



Parent / Guardian Signature

Date



Parent / Guardian Signature

Date



Additional Pages Attached ☐ Yes ☐ No (Please label "Medical M10")

Cherokee Creek Boys School



M11 Psychological and Educational Evaluation

**Current psychological and educational evaluation:
Original or copy of recent evaluation accepted.**



Additional Pages Attached ☐ Yes ☐ No (Please label "Medical M11")



M12 Medical Insurance Information

**Complete medical insurance information required
including identification (I.D.). Health plan must have
approved providers in the CCBS area.**



Additional Pages Attached ☐ Yes ☐ No (Please label "Medical M12")

M13 Medication Instructions

**Medication instructions for prescription medications.
Must be filled out by prescribing physician.
*You must bring a two-month supply
with you at time of enrollment.***



Additional Pages Attached ☐ Yes ☐ No (Please label "Medical M13")



Cherokee Creek Boys School

SECTION III ACADEMIC Information

☐

A1: Authorization to Obtain / Release School Records

This form is to be signed by the parent / guardian and submitted to all schools / academic programs that your son has attended. This form authorizes the schools / programs to release educational information to Cherokee Creek Boys School and enables us to release academic information to a school or program that your child may attend after his stay at Cherokee Creek Boys School.

ADDITIONAL DOCUMENT REQUIRED

☐

A2: Past Report Cards and Current Classes

Please provide copies of past report cards and current classes (unofficial copies will suffice at enrollment).

Cherokee Creek Boys School



A1 Authorization to Obtain / Release School Records

1 of 2 pages



Name of Student

Date of Birth

Please provide a complete chronology of your son's academic history to the present including: Home schooling, summer school, wilderness or clinical intervention programs, etc.

Name of School / Program	Dates Attended		Grade
Mailing Address	(Use month / year) From:	To:	(K-6)
1.			
2.			
3.			
4.			
5.			
6.			



Cherokee Creek Boys School



A1 Authorization to Obtain / Release School Records

2 of 2 pages



Exit Courses and Grades from Last School Attended

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____

I hereby authorize the schools listed above to release transcripts of credits, withdrawal grades (including incomplete classes), test data, health records, counseling information and any records pertaining to psychiatric evaluation of the student to:

Academic Dean
Cherokee Creek Boys School
198 Cooper Road
Westminster, SC 29693
(864) 647-1885

Additionally, I hereby authorize **Cherokee Creek Boys School** to release transcripts and appropriate test scores to secondary schools to which my son may be applying upon departure from **Cherokee Creek Boys School**.

I also authorize **Cherokee Creek Boys School** to provide transcripts and appropriate test scores to those educational consultants or other professionals who have been retained to help place my son after departure from **Cherokee Creek Boys School**.

A photocopy of this authorization shall be deemed valid as though it were an original document.



Parent / Guardian Signature

Date



Parent / Guardian Signature

Date

Cherokee Creek Boys School



A2

Past Report Cards and Current Classes

Please provide copies of past report cards and current classes (unofficial copies will suffice at enrollment).



Additional Pages Attached ☐ Yes ☐ No (Please label "Academic A2")