

Signature Page/Consent to Obtain/Release Information

I. Consent for Application Process:

Thank you for providing preliminary application information regarding this child. This information will help us to consider our school's capacity to meet your child's specific needs.

Your signature below indicates:

- (1) the information you have provided is accurate and complete to the best of your knowledge;
- (2) your relationship to this child is such that you have legal basis (e.g., custody, guardianship) to make treatment decisions involving this child;
- (3) you understand that you can withdraw your application or discontinue this application process at any time, for any reason;
- (4) you are giving your consent for representative(s) of Summit Preparatory School to contact you to discuss this information and the details of our program further;
- (5) that completing and signing this form in no way constitutes an agreement to enroll this child, the existence of financial obligation or a clinical relationship between you and Summit Preparatory School.

II. Consent to Obtain/Release Information

Student Name: _____

Date of Birth: _____ **Age:** _____ **Relationship to Student:** _____

I hereby authorize the following persons/positions; admissions, clinical, and residential professionals, specifically _____ at Summit Preparatory School, 1605 Danielson Road Kalispell, MT 59901 to release to and/or obtain information regarding the above-named student from the following:

Please include the name, phone number and email address for each or write NONE

1. **Educational Consultant:** _____
2. **Most Recent High School:** _____
3. **Wilderness Program:** _____
4. **Other:** _____
5. **Other:** _____

For the purpose of:

1. Determining potential eligibility for admission to Summit Preparatory School
2. Assessment, planning and coordination of academic and/or counseling service
3. Other (identify): _____

Time period: This release will remain valid for up to 90 days from the date of signature for a one-time release of information, or 90 days after the end of the provision of services to the student up to but not exceeding one year from the date of signature, or as the law or court requires, when a cooperating service provider (e.g. ed consultant, home therapist or physician) requires the release of information for ongoing service provision, except when:

1. Expiration date is identified as follows: _____
2. Release is revoked in writing.

Fax/Email: Summit Preparatory School takes steps to protect the confidentiality of student specific e-mail and faxes (telefacsimile), However, a certain amount of risk remains regarding e-mail and fax communications such as (but not necessarily limited to) the receipt of an e-mail or fax by an unintended recipient. For this reason Summit Preparatory School cannot guarantee that electronic communications (e-mail and faxes) will be private and therefore is not liable for improper disclosure of confidential information unless caused by Summit Preparatory School(s) gross negligence or wanton misconduct. **PLEASE INITIAL ONE OF THE FOLLOWING:**

_____(initial) **I AGREE** to the transmission of confidential and/or student specific information by fax or e-mail.
 _____(initial) **I AGREE** to the transmission of student specific information by fax or e-mail **EXCEPT:** (specify) _____
 _____(initial) **I DISAGREE** to the transmission of confidential and/or student specific information by fax or e-mail.

Parent/Guardian Signature & Date: _____

Parent/Guardian Signature & Date: _____

Please print out this form, sign and date, then FAX or EFAX to:

Judy Heleva, MA; Admissions Director; Summit Preparatory School; Kalispell, MT 59901
 Fax (406) 758-8150 E-fax jheleva@summitprepschool.org Questions? Direct line (406) 758-8113