

Hutch School

Student Last Name: _____

Date of enrollment: _____

Date of withdrawal: _____

Student Information

2007-2008

| | | | |
|------------------------------------|--------------------------|------------------------------|------------|
| Name: | Name of patient: | | |
| Name of parents/guardians: | | | |
| Date of Birth: | Relationship to student: | | |
| Grade: | Sex: M F | Patient is being treated at: | |
| Is the student the patient? Yes No | | SCCA _____ | CHMC _____ |
| Is the student the donor? Yes No | | UWMC _____ | VAMC _____ |
| Does the student have siblings? | Name _____ | Age _____ | |
| Name _____ | Age _____ | Name _____ | Age _____ |

ADDRESS INFORMATION

| Address in Seattle | Address at Home |
|--------------------------|----------------------------|
| Street Address/Building: | Address: |
| Phone #: | |
| Cell #: | |
| Pager #: | Home Phone #: |
| Email: | Home Email (if different): |
| Hospital phone #: | |
| Hospital room #: | |

HOME SCHOOL INFORMATION

| | |
|--|----------------------------|
| Name of school: | Main Teacher or Counselor: |
| Address: | Phone Number: |
| | Fax Number: |
| Does your child have any special learning needs or is there additional information that we should have to best teach your child? Please specify or talk to the school counselor: | |

STUDENT PICKUP

Families are responsible for arranging transportation home for students at the end of the school day. For student safety, children ages 13 and younger living outside the Pete Gross House must be picked up by a person or shuttle service authorized by that student's parents/guardians. Please list individuals or shuttles that you authorize to pick up your children below (additions can be made by calling 206-667-1400):

Release of Liability, Indemnification, & Assumption of Risk Agreement

I want my child to participate in Hutch School activities and field trips and therefore agree:

1. Agree to Waive and Release

In consideration for allowing our child to participate in activities, away from school facilities, sponsored by Hutch School, Fred Hutchinson Cancer Research Center and Seattle Cancer Care Alliance, I hereby waive and release Hutch School, and their respective trustees, directors, agents, employees, any individual who voluntarily provides transportation to or from such activities, or parents hosting such activities, from any and all liability claim, or losses arising out of or in any way connected with these activities.

2. Agree to Assume Risks

I recognize that transportation to and from off-campus activities, as well as the activities themselves involve risks including, but not limited to, collisions between automobiles, between automobiles and pedestrians, and other risks associated with the particular off-campus activity the students will participate in on any one occasion. I hereby assume all risks, whether foreseen or unforeseen, in connection with my child's participation in off-campus activities.

3. Agreements Binding on Heirs

This agreement contains the entire agreement between the parties and supersedes any prior agreement including any minors to the terms I have agreed to.

4. Entire Agreement

This agreement contains the entire agreement between the parties and supersedes any prior agreement whether written or oral.

Signature of Parent or Guardian: _____ Date: _____

Acknowledgement of School Philosophy & Counseling Services

Our Mission

Hutch School is a uniquely supportive learning environment for school-aged patients and family members who are temporarily living in Seattle while undergoing serious medical treatment at the Seattle Cancer Care Alliance.

Your Stay in Seattle

The Hutch School is designed as a temporary academic program. The typical Hutch School student is with us 4 - 6 months, although it is not unusual for stays to be longer or much shorter. We recognize that if the family's time in Seattle is lengthened indefinitely for medical reasons, one of our local private or public schools may be a better longer term option for certain students. In the event of a lengthy stay, we will work closely with the family and the Seattle school community to help identify the best school setting for your child.

School Counseling

In addition to all the fabulous academic programs offered by the Hutch School, there are also social workers available at Hutch School to help support the students and their families. We recognize that every student that attends the Hutch School is dealing with cancer or another serious illness on a personal level. When a student first enters Hutch School, we will meet with them to get to know them and describe our counseling and support services. We will be available to meet individually with students throughout the year as needed. We will also be present for lunch, field trips, afternoon activities and occasionally in the classroom.

Laurie Goble-Van Diest, LICSW
Hutch School Social Worker
206-667-1443

Ginger Moriarty, LICSW
Hutch School Social Worker
206-667-1443

I have read the Acknowledgement of School Philosophy, and permit my child to meet with the school social worker during their attendance at Hutch School in order to help meet their educational and emotional needs.

Child's Name

Parent's signature

Date

Medical Information

| | |
|--------------------------------------|--------------------------|
| Full name of student | |
| Name of person filling out this form | Relationship to student: |

MEDICAL HISTORY

| | | | | | | |
|---|-----|----|-------|--|-----|----|
| Vaccination History: Has the student had the following vaccinations? If yes, provide the date if possible. | | | | | | |
| DPT: | yes | no | Date: | Has the student had the chicken pox? | Yes | No |
| OPV or IPV (Polio): | yes | no | Date: | Has the student been vaccinated for chicken pox? | Yes | No |
| MMR: | yes | no | Date: | Has the student had a flu shot this year? | Yes | No |
| Hep B: | yes | no | Date: | | | |
| Are there any restrictions on the student's physical activity? | | | | | | |
| Is the student allergic to any foods, drugs, insects, etc.? | | | | | | |
| If so, indicate any special treatment: | | | | | | |
| Are there other special medical conditions or regularly prescribed medications we should know about in the event of an emergency? | | | | | | |

MEDICAL INSURANCE INFORMATION

| | |
|--------------------|-----------|
| Insurance Company: | Policy #: |
|--------------------|-----------|

Healthy Student Policy

All of us at Hutch School are in direct and indirect contact with immunocompromised patients. As a result, we ask that students only come to school when they are feeling completely healthy. If students are feeling as though they are becoming sick or are showing any symptoms, the students must stay home so as not to expose others. I understand this policy and promise to keep my child home if he/she is feeling sick. _____ (initials)

Release for Emergency Medical Treatment

(I)(We) the undersigned, parent(s) of _____ a minor, do hereby authorize Hutch School and Fred Hutchinson Cancer Research Center as agent for the undersigned to consent to any x-ray exam, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and surgeon of any licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital provided that a medical emergency exists. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of Hutch School to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable.

I HAVE READ AND UNDERSTOOD THIS ENTIRE AGREEMENT.

Signature of Parent or Guardian: _____ Date: _____