



MOUNTAIN LAKE ACADEMY

386 River Road Lake Placid, NY 12946

phone: (518) 523-4300 fax: (518) 523-5322

ADMISSION REQUIREMENTS and NOTICES

Once placement at Mountain Lake Academy is confirmed, the Admissions Office will work with both the referring school/agency and the parent(s)/guardian(s) to prepare for admission.

Please contact our Admissions Counselors with questions at 518-523-4300 or admissions@mountainlakeacademy.org.

The following items must be received prior to admission:

Referring School/Agency:

- 1) **School records from the last two (2) years, including:** current transcript; current report card; IEP; behavior summary; and educational testing materials (if applicable)
- 2) **Mental health assessments, including:** evaluations, testing, discharge summaries from any placements or hospitalizations
- 3) **Court documents, including:** court orders; probation reports; and any court documents not previously received

School placements only:

- STAC submission and approval
- Schedule CSE meeting with Mountain Lake Academy to update IEP

DSS placements only:

- Connections, including:
 - i. Most recent FASP or Plan Amendment
 - ii. Assign to Mountain Lake Academy Security Administrator (Victoria Savard)
 - iii. Reflects appropriate "Program Choice"
 - iv. Designate health access to Mountain Lake Academy

Parent(s)/Guardian(s):

- 1) **Completed application**
- 2) **Consent forms** (please fax or email when complete; originals must accompany the student at the time of admission)
- 3) **Copies of the following:**
 - Private medical, dental, and/or optical insurance cards (both sides), including identification and contact information (insurance will be billed for medical services as well as St. Joseph's outpatient substance abuse treatment)
 - Medicaid card (if applicable)
 - Birth Certificate
 - Social Security Card
- 4) **Medication**, 15-day supply
- 5) **Prescription order** from prescribing physician
- 6) **Most recent physical exam**, including **immunization record**



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ADDITIONAL INFORMATION

- **Clothing** will be issued to the student by Mountain Lake Academy upon admission, including:
 - khaki pants and polo shirts (school apparel)
 - undergarments (underwear, undershirts, socks), pajamas, and a belt
 - jeans and t-shirts (weekend/evening apparel)
 - seasonal outerwear (hat, gloves, coat, boots, hiking boots)
 - gym shoes/sneakers (upon admission, students are allowed one (1) pair of sneakers from home that are neutral in color, clean, free of markings, and in good condition)
- **Personal hygiene items** will be supplied upon admission.
 - Please advise the Nursing Department if your student has a skin sensitivity or requires prescribed products (please provide the prescription upon intake).
- **Students are not permitted to carry cash on campus.**
 - An in-house account will be maintained in your student's name for work study hours worked, to be paid out after discharge from Mountain Lake Academy.
- **Please ensure that your student is not carrying unauthorized materials** upon intake at Mountain Lake Academy. Materials not allowed on campus include but are not limited to:
 - Lighters
 - Tobacco/nicotine products (vapes, cigarettes, chewing tobacco)
 - Personal food items
 - Personal accessories (jewelry, bandanas, clothing items)
 - Money
 - Electronic devices (cellular phones, handheld games, mp3 players)
 - Prescription medication
- **Consent forms** are available from Family Support Specialists for students who wish to request certain personal items (mp3 players, religious or sentimental items, etc.). Personal items that arrive on campus without prior approval will be confiscated. Mountain Lake Academy assumes no responsibility for students' personal belongings.
- **Student wellness** is emphasized at Mountain Lake Academy by promoting students' health, well-being, a healthy diet and physical activity. The Wellness Policy is detailed in the Parent Handbook. Please notify your student's Family Support Specialist with any feedback for our food service personnel or if you wish to participate in a committee addressing student wellness.
- **NYS Department of Health** requires Mountain Lake Academy to calculate the Body Mass Index (BMI) of all students as part of their school health examination. Please alert your Family Support Specialist if you wish to opt-out of this anonymous report on your student's behalf.
- **Photography or video** may be taken during your student's enrollment at Mountain Lake Academy. Your Family Support Specialist will notify you if photographs or video will be used publicly. Please notify your Family Support Specialist if you wish to revoke consent at any time.
 - **Note: One (1) photograph will be taken of the student upon admission for identification use.**

Please contact our Admissions Counselors with questions at 518-523-4300 or admissions@mountainlakeacademy.org.



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Admission Information

Name: _____ Address: _____

DOB: _____ Height: _____ Weight: _____ Eye color: _____ Hair color: _____ Race: _____

Religious affiliation: _____ Language spoken: _____ Identifying marks: _____

Date of referral: _____ Placement expiration date: _____ Court-adjudicated status: ☐ JD ☐ PINS ☐ Article 10 ☐ n/a

Shoe size: _____ Pant size: _____ W x _____ L Shirt size: _____ Shorts size: _____ Preference: ☐ boxers ☐ boxer-briefs

Favorite meal: _____

Education Information

Current School District: _____

Address: _____ Phone: _____ Fax: _____

CSE Chair: _____ Tel: _____ Email: _____

IEP Classification: _____ Grade: _____

Parent/Guardian Information

Parent/Guardian: _____ Parent/Guardian: _____

Address: _____ Address: _____

Phone: _____ Cell: _____ Phone: _____ Cell: _____

Email: _____ Email: _____

Occupation: _____ Occupation: _____

Parent Marital History

☐ Child's biological parents were never married ☐ Separated – Date: _____

☐ Married to each other – Date: _____ ☐ Divorced – Date: _____

Parental Custodian(s): _____

Legal relationship between child and parent (i.e. biological, adopted, guardian): _____

Any special circumstances regarding parental rights (i.e., visitation): _____

Primary Family

Father _____ Age _____ DOB _____ Residence _____

Mother _____ Age _____ DOB _____ Residence _____

Step-father _____ Age _____ DOB _____ Residence _____

Step-mother _____ Age _____ DOB _____ Residence _____

Sibling(s) _____ Age _____ DOB _____ Residence _____

Sibling(s) _____ Age _____ DOB _____ Residence _____

Sibling(s) _____ Age _____ DOB _____ Residence _____

Sibling(s) _____ Age _____ DOB _____ Residence _____

List anyone other than primary family living in your child's home:

List anyone other than parents who routinely provide care or supervision for your child:



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Child's Residential History

Chronological timeline of your child's residential / day placements, hospitalizations, and school settings (including dates): _____

Describe your present home and neighborhood: _____

Past and Pending Legal Involvement

Has your child been charged or convicted of any crime? ☐ Yes ☐ No

Does your child have any pending charges or any upcoming court dates? ☐ Yes ☐ No

If "Yes," please specify any violations / charges / convictions: _____

If "Yes," please provide any issued probation or court orders with this admissions packet.

I attest that this information regarding my child's legal involvement is true, accurate, and complete and understand that any falsification, omission, or concealment of material fact may jeopardize my child's placement at Mountain Lake Academy.

_____ Printed Name of Parent/Guardian	_____ Signature of Parent/Guardian	_____ Date
--	---------------------------------------	---------------

Legal/County Information (if applicable)

County Caseworker: _____	Probation Officer: _____
Address: _____	Address: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email: _____	Email: _____
Emergency contact phone: _____	Emergency contact phone: _____

Insurance Information

Insurance Company: _____ Policy number: _____

Employer: _____ Contract holder: _____ Contract holder DOB: _____

Plan Type: _____ Coverage: ☐ Medical ☐ Dental ☐ Optical ☐ Prescription

Medicaid # (first set of letters and numbers at top of card): _____

Sequence # (last two numbers at bottom of card): _____ State: _____ SSI/SSA Disability: ☐ yes ☐ no If yes, Payee: _____



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Medical History

List all known allergies: _____

Medical alerts and directives (i.e., asthma, etc.): _____

Infectious Diseases

- | | |
|--|---|
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Cholera | <input type="checkbox"/> Novel coronavirus (COVID-19) |
| <input type="checkbox"/> Chronic bladder infection | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Chronic bronchitis | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Chronic ear infections | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Chronic sinus infections | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Chronic tonsillitis | <input type="checkbox"/> Scarlet fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> HIV/ AIDS | <input type="checkbox"/> Small pox |
| <input type="checkbox"/> Malaria | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Typhoid fever |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Whooping cough |

Major Medical Problems or Illnesses

- | | |
|---|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Heart defect or disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Broken bones | <input type="checkbox"/> Intestinal disease |
| <input type="checkbox"/> Chronic fatigue syndrome | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Lead poisoning |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Epilepsy or seizures | <input type="checkbox"/> Lung disease |
| <input type="checkbox"/> Head injury/knocked out | <input type="checkbox"/> Muscle spasms or tics |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Stomach disease |
| | <input type="checkbox"/> Thyroid disease |
| | <input type="checkbox"/> Other _____ |

Immunization History

- | | | | |
|---|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Diphtheria/Tetanus/Pertussis | <input type="checkbox"/> Pneumococcal pneumonia | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> COVID-19 |
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Haemophilus influenzae | <input type="checkbox"/> Hepatitis B | |
| <input type="checkbox"/> Measles/Mumps/Rubella | <input type="checkbox"/> Other influenza | <input type="checkbox"/> Polio | |

Mental health diagnoses, behavioral health diagnoses, and any surgeries (age and description): _____

Medication	Dosage	Reason Taken

Primary Care Physician (phone): _____ Dentist/Orthodontist (phone): _____

Prescribing Physician / Psychiatrist (phone): _____ Date of last dental exam: _____

Date of last medical exam: _____ Does child wear: ☐ Orthodontic Braces ☐ Eyeglasses ☐ Hearing Aid ☐ Prostheses

List any major medical problems in the family history: _____

Recent Physical Concerns

- | | |
|--|--|
| <input type="checkbox"/> Sleep problems | <input type="checkbox"/> Muscle spasms or tics |
| <input type="checkbox"/> Frequent complaints of physical problems | <input type="checkbox"/> Clumsiness |
| <input type="checkbox"/> Unexplained fevers, chills, hot flashes, sweating | <input type="checkbox"/> Paralysis or localized weakness |
| <input type="checkbox"/> Dizzy, unsteady, lightheaded, or faint | <input type="checkbox"/> Difficulty swallowing or choking |
| <input type="checkbox"/> Excessive energy, tiredness or fatigue | <input type="checkbox"/> Chest pain |
| <input type="checkbox"/> Weight loss or very low weight | <input type="checkbox"/> Palpitations, pounding or rapid heartbeat |
| <input type="checkbox"/> Weight gain or obesity | <input type="checkbox"/> Shortness of breath or smothering |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Abdominal pain |
| <input type="checkbox"/> Double vision or blindness | <input type="checkbox"/> Appetite increase or decrease |
| <input type="checkbox"/> Deafness or ringing in the ears | <input type="checkbox"/> Nausea or vomiting |
| <input type="checkbox"/> Numbness or tingling | <input type="checkbox"/> Diarrhea or constipation |
| <input type="checkbox"/> Trembling or shaking | <input type="checkbox"/> Urinary problems |
| <input type="checkbox"/> Muscle or joint pain | <input type="checkbox"/> Sexual problems |



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SOCIAL SECURITY NUMBER

To ensure the student's privacy, this is the only location where we ask for the student's Social Security Number to be recorded.

Student's Name (please print)

_____/_____/_____
Social Security Number

Copy of Social Security Card in box



CONSENT FOR ROUTINE MEDICAL AND DENTAL CARE

STUDENT'S NAME: _____ Date of Birth: _____

ALLERGIES: _____ Date of Entry: _____

I, _____ (parent/guardian), hereby give my consent for routine medical and dental care to the above-listed person. I also understand my insurance plan will be billed; however, I am responsible for any uncovered expense. Routine care may include, but is not limited to: physical examination; immunization against communicable disease; administration of over-the-counter medications (listed below); treatments in accordance with the agency's policies, procedures, and practices; and any diagnostic tests or treatment which, in the opinion of the consulting physician or dentist, are deemed necessary or advisable. I understand that I will be informed of any medical incidents requiring special or unusual medical or dental care.

Standing Orders Over-the-Counter Medications

1. Acetaminophen 325 mg. 2 tabs po q4h prn for complaint of pain. MDD 6 tabs.
2. Ibuprofen 200 mg. 2 tabs po q4h prn for complaint of pain. MDD # 3.
3. Bengay or Icy Hot (muscle rub): topical application prn complaint of muscle pain.
4. Benzocaine Lozenges: 1 lozenge q2h prn for complaint of sore throat or cough. MDD # 6.
5. Phenylephrine HCL 10 mg: 1 tabs po Q6h prn, for nasal congestion. MDD # 6
6. Maalox liquid: 15 cc. po q4h prn for complaint of upset stomach/diarrhea. MDD # 3.
7. Tums Antacid 750 mg: 2 tabs po q4h prn for upset stomach, acid indigestion. MDD # 8
8. Omeprazole 20 mg: 1 tab po qam, 20 minutes before breakfast for acid reflux. MDD # 1
9. Milk of Magnesia 60cc q6h prn for constipation. Take it with 8 oz. glass of water. MDD # 4
10. Colace or Docusate Sodium 100 mg: 1-2 caps po q12h prn for constipation. MDD # 4
11. Miralax or Polyethylene Glycol 3350 NF 17g in 8oz of H₂O prn for constipation MDD #1
12. Guaifenesin 400 mg 1 tab PO Q4h prn for compliant cough/congestion, MDD # 6
13. Chloraseptic spray: 2-4 sprays to throat q2h prn complaint of sore throat. MDD # 4.
14. Multiple vitamins: 1 tab po qam prn.
15. Burn Jel with lidocaine HCL 2% tid-qid prn complaint of burns.
16. Povidone/Iodine Swabs: topical application to minor skin breaks.



17. Hydrogen Peroxide: As directed.
18. Calamine Lotion, Vit. A&D Ointment or Zinc Oxide Cream: topical application to minor skin irritation and/or sunburns.
19. Triple Antibiotic Ointment: topical application to minor skin breaks or as directed.
20. Blistex (or generic equivalent): topical application to dry or blistered cold sores on lips.
21. Benadryl 25 mg (1) to (2) tabs po qhs prn insomnia. MDD # 4.
22. Benadryl 25 mg (1) to (2) tabs po q 4 hr for allergic reactions. MDD # 4
23. Benzoyl Peroxide and Salicylic Acid 2%: topical application for acne as directed.
24. EPIPEN (Epinephrine auto injector) PRN for Severe Allergic Reactions
25. Claritin or Loratadine (1) tab QD PRN Allergy symptoms (MDD#1)
26. Zyrtec or Cetirizine HCL 10mg (1) tab QD prn Allergy Symptoms MDD #1
27. Melatonin 3 mg (1) to (2) tabs PO QHS PRN insomnia (MDD#2)
28. Dimenhydrinate HCL 50mg 1-2 tabs q6-8 hours prn for motion sickness, MDD #3 tabs
29. Sunscreen SPF no less than 15 (generic)
30. Bug Spray with 5 – 10% Deet (generic)
31. Preparation H, Anusol, or Hemorrhoid pads (generic) prn complaint of hemorrhoids.
32. Band-Aid Foaming Cleanser & Antiseptic – Cleansing and Infection protection
33. Tinactin antifungal foot medication: prn for signs and symptoms athletes foot MDD #2
34. Abreva Cold Sore Treatment. Topical application to dry or blistered cold sores on lips.
35. Orajel Mouth Sore Medication: apply topically. MDD # 4
36. Hydrocortisone cream for itching and minor hive reaction
37. Saline nasal or decongestant spray for sinus congestion
38. Lubricating eye drops, use as directed on bottle
39. Aloe Vera gel for sunburns or minor skin irritation and breaks.
40. Vicks VapoRub: apply topically, cough suppressant and topical analgesic
41. Imodium AD: (2) teaspoonfuls after each loose stool (max of 4 teaspoons/day).
42. Permethrin: 280 mg (1%), once per week for 2 weeks for treatment of head lice.
43. Robitussin cough and chest congestion DM, non-drowsy per manufacturer instructions.

Signature (Parent/Legal Guardian)

Date

Print Name (Parent/Legal Guardian)

Relationship to Student

Revised 6/20/2024 MD



EMERGENCY MEDICAL CARE/SURGERY

I, _____, parent/legal guardian of
_____, DOB: _____, do hereby
authorize the Executive Director of Mountain Lake Academy to act on my
behalf in the event of any urgent medical treatment including physical as well as emotional
needs, which may be required. I also guarantee to pay for any expenses incurred during this process.

I understand that it is the obligation of Mountain Lake Academy, to make every effort to contact me
prior to the beginning of any process, or as soon as I can be reached.

Signature (Parent/Legal Guardian)

Date

Print Name (Parent/Legal Guardian)



STUDENT AND FAMILY RESPONSIBILITIES

- **Read and understand the Student Code of Conduct.** A copy of the Mountain Lake Academy Student Code of Conduct will be provided to the student and to the parent(s)/guardian(s) upon admission. It is your responsibility to familiarize yourself with the Student Code of Conduct and to ask questions about anything therein that you do not understand. It is the parent's/guardian's responsibility to ask questions about anything in the Student Code of Conduct that s/he does not understand.
 - **Know your rights.** The Student Code of Conduct lists the rights of every Mountain Lake Academy student, including the right to free education and the right to learn in a safe, supportive, and orderly environment. It is your responsibility to know and understand your rights and to ask questions about any of these rights that you do not understand.
 - **Accept your responsibilities.** The Student Code of Conduct lists the responsibilities of every Mountain Lake Academy student, including the responsibility to contribute to maintaining a safe and orderly school environment that is conducive to learning, and to show respect for other persons and property. It is your responsibility to know and accept your responsibilities and to ask questions about any of these responsibilities that you do not understand.
- **Communicate with your Family Support Specialist.** The Family Support Specialist is the point person for the student and for the parent(s)/guardian(s). It is your responsibility to provide accurate and complete information about history of treatment, care, and services to the Family Support Specialist. It is your responsibility to communicate about service needs, expectations, and the quality of Therapeutic Family Visits (TFV). It is your responsibility to communicate any unexpected changes in the student's condition and home situation that may affect student conduct or performance. Recognize that the education and treatment of your student is the joint responsibility of the parent(s)/guardian(s) and the Mountain Lake Academy community. It is your responsibility to maintain a positive, supportive attitude toward education and Mountain Lake Academy and to build good relationships with staff.
- **Comply with treatment recommendations.** You are responsible for following the care, service, or treatment plan that you develop with your student, your parent(s)/guardian(s), and your Family Support Specialist. It is your responsibility to express any concerns about your ability to follow and comply with the proposed care plan or course of treatment. Mountain Lake Academy staff will make every effort to adapt the plan to the student's specific needs and strengths. It is your responsibility to ask questions when you do not understand what you have been told about your student's care or what the expectations are for you or your student. It is the student's responsibility to ask questions when he does not understand what he has been told about his own care or what is expected of him related to that care.
- **Respect Mountain Lake Academy rules and regulations.** It is your responsibility to conduct yourself in an appropriate and civil manner with proper regard for the rights and welfare of students, staff, and visitors, and for the care of school facilities and equipment. Respect for law and for persons in authority is expected of all students. Respect for the rights of others, real and personal property, pride in one's work, achievement within the range of one's ability, and exemplary personal standards of courtesy, decency, politeness, and honesty will be maintained. **As the legal guardian, I understand and consent to the use of Therapeutic Crisis Intervention (Cornell TCI) curriculum, including physical interventions, should my child become an imminent risk to self or others.**
- **Smoking is not permitted** at Mountain Lake Academy. It is the responsibility of the student and the parent(s)/guardian(s) to refrain from smoking on campus.



- **Unauthorized materials are not permitted on campus.** Following Therapeutic Family Visits (TFVs), whether they take place in your home or in the Lake Placid community, please ensure that your student is not carrying unauthorized materials upon return to Mountain Lake Academy. Materials not allowed on campus include but are not limited to:
 - Lighters
 - Tobacco/nicotine products (vapes, cigarettes, chewing tobacco)
 - Personal food items
 - Personal accessories (jewelry, bandana, clothing items)
 - Money
 - Electronic devices
 - Prescription medication (all prescribed medication taken over the course of a TFV should be noted on the Off Campus Medication Dispensation form provided by your student's Family Support Specialist; for more information, please contact the Nursing Department at 518-523-4300 x162.
- **Obtain consent for student belongings.** It is your responsibility to follow proper procedure to obtain consent to bring personal items on campus. Consent forms are available from your Family Support Specialist if your student wishes to request certain personal items (mp3 players, religious or sentimental items, etc.). Personal items that arrive on campus without prior approval will be confiscated. Mountain Lake Academy assumes no responsibility for students' personal belongings. Mountain Lake Academy strongly recommends that valuables remain at home. At no time will restitution be made for loss or damage to personal property. In some instances, Mountain Lake Academy may forbid certain items if it appears that the student is unable to properly secure them.
- **Accept the consequences.** It is the responsibility of the student and the parent(s)/guardian(s) to follow the care, service, and treatment plan for their student. It is the responsibility of the student and parent(s)/guardian(s) to follow all Mountain Lake Academy rules and regulations. You assume responsibility for any outcomes/consequences of not following the care, service, and treatment plan and/or Mountain Lake Academy rules and regulations.
- **Photography or video** may be taken during your student's enrollment at Mountain Lake Academy. Your Family Support Specialist will notify you if photographs or video will be used publicly. Please notify your Family Support Specialist if you wish to revoke consent at any time. A form is included in this packet (page 15) to allow or deny consent to photography or video.
 - **Note: One (1) photograph will be taken of the student upon admission for identification use.**

I have received a copy of the Mountain Lake Academy Student Code of Conduct. I have read and understand the attached information regarding student and parent/guardian expectations of Mountain Lake Academy. Any questions I had regarding this information were asked and answered.

Student Signature

Date

Parent/Guardian Signature

Date



MOUNTAIN LAKE ACADEMY

386 River Road
Lake Placid, NY 12946
Ph: 518-523-4300
Fax: 518-523-5322

Academic Records Release

School Name: _____

School Address: _____

Student Name: _____ DOB: _____ GRADE: _____

The above-listed student has enrolled in Mountain Lake Academy. In order to meet the student's educational needs to the fullest extent, we ask that you provide the following information:

- Date of enrollment in your school/date of withdrawal from your school
- Transcript of grades and credits (quarter grades, semester grades)
- Specific names of courses: Math, Algebra, Social Studies, etc. and class schedule
- Designation of Regents/Honors courses
- Designation of special program: EMR, Special Education, Modified, etc.
- Standardized test results
- New York State Regents Competency Test scores/Regents results
- IEP, if applicable
- Psychological test results and psychiatric test results
- Health records, immunizations records
- Any significant anecdotal information including behavior reports and other education-related information

Thank you for your efforts and consideration in providing this information as soon as possible.

Sincerely,
Christopher Mariano
Executive Director

PLEASE NOTE: PUBLIC LAW 92-380 REGARDING RELEASE OF SCHOOL RECORDS HAS BEEN MODIFIED BY SB 182, ARTICLE 5, PRIVACY OF PUPIL RECORDS, 10947:

"A school district is not authorized to permit access to pupil records to any person without parental consent or under judicial order EXCEPT:

A. ACCESS SHALL BE PERMITTED TO THE FOLLOWING:

OFFICIALS AND EMPLOYEES OF OTHER PUBLIC SCHOOLS OR SCHOOL SYSTEMS INCLUDING COUNTY, OR STATE CORRECTIONAL FACILITIES WHERE EDUCATIONAL PROGRAMS LEADING TO HIGH SCHOOL GRADUATION ARE PROVIDED. WHERE THE PUPIL INTENDS TO OR IS DIRECTED TO ENROLL, SUBJECT TO THE RIGHTS OF PARENTS IS PROVIDED IN SECTION 10939."

Parent/Guardian Signature

Date



PARTICIPANT INFORMATION AND RELEASE OF LIABILITY

DISCLOSURE

Mountain Lake Academy programs involve a variety of activities that often include warm-ups, games, group initiative problems, low and high challenge course elements and other rigorous physical adventure activities. The level of participation in a Mountain Lake Academy activity is at all times voluntary and up to the individual's choice under the Challenge by Choice philosophy. Yet there is a risk which must be assumed by each participant, that he or she may suffer an emotional or a physical injury or disability.

Policy for participation in all Mountain Lake Academy programs requires that every participant have health/accident insurance coverage. In addition, certain health and medical information must be made known to the facilitator(s) conducting the program.

RELEASE OF LIABILITY

I understand that parts of the Mountain Lake Academy program may be physically and/or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in the Mountain Lake Academy activities. I understand that the level of participation in the activities is at all times voluntary and is the choice of the individual. Also, I recognize the inherent risk of injury or disability in Mountain Lake Academy activities and understand that each participant must assume the risk of injury that could result from any of the activities. I release Mountain Lake Academy, and its staff members, principals and Board from all liability for any injury to me from my participation in Mountain Lake Academy activities.

Print Student Name

Student Signature

Date

Parent/Guardian Signature

Date



CONSENT FOR FUNCTIONAL BEHAVIOR ASSESSMENT

Student: _____

Date of Entry: _____

While a student at Mountain Lake Academy, a Functional Behavioral Assessment (FBA) may be recommended for your student. An FBA is a comprehensive way to examine and modify behavior(s) that may be affecting your student's learning potential in school. The FBA (and the behavioral intervention plan that will result from this process) is designed to decrease negative behaviors that hinder learning in the classroom.

If it is determined that your son's performance and success within the academic program is hindered by his choices and behavior, your signature below indicates that with your permission your son's educational team will proceed with the FBA. The Education Team will contact you in the event that you have any questions or would like to be a part of the process. You will receive a copy of this FBA upon its completion. Your assistance and support in this process will be greatly appreciated.

Executive Director: Chris Mariano
Contact Information: (518) 523-4300

Parent/Guardian Signature: _____

Date: _____



PHOTOGRAPHY/MEDIA RELEASE

Student: _____

Date of Entry: _____

Mountain Lake Academy programs involve outdoor activities in the Adirondack Park wilderness as well as on campus. Photography, video, and other media may be taken on hikes, climbs, ski trips, canoe trips, multi-day wilderness excursions, etc., to commemorate these activities and are shared with the student and the student's parent/guardian. In order to convey the unique wilderness component of our programming, Mountain Lake Academy uses images, video, and other media recorded during these activities in promotional material and publications, including brochures, website, and social media.

Please check one of the following:

☐ I hereby give permission for images of my child, captured during my child's enrollment at Mountain Lake Academy, through video, photo, and digital camera, to be used solely for the purposes of Mountain Lake Academy promotional material and publications, including brochures, website, and social media.

☐ Images of my child captured during my child's enrollment at Mountain Lake Academy **may not** be used for the purposes of Mountain Lake Academy promotional material and publications, including brochures, website, and social media.

Parent/Guardian Signature: _____

Date: _____



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AUTHORIZATION TO OBTAIN INFORMATION

Student: _____

DOB: _____

I authorize Mountain Lake Academy to obtain from:

Person / Agency: _____

Address: _____

City, State, Zip: _____

Phone: _____ **Fax:** _____

The specific information to be disclosed is:

- | | |
|---|---|
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Dates of Admission/Discharge | <input type="checkbox"/> Verbal / Written Communication for Discharge |
| <input type="checkbox"/> Psychiatric Assessments | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Psychological Testing | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Medical History, Medications, Physical, Lab Work | |

This information will be used for the following purpose(s):

- | | |
|---|---|
| <input type="checkbox"/> Evaluation and Continuing Treatment | <input type="checkbox"/> Coordinating Care |
| <input type="checkbox"/> Educational Placement / Educational Concerns | <input type="checkbox"/> Other (specify): _____ |

I understand that I have the right to revoke this authorization at any time, by submitting a revocation in writing to the Coordinator of Clinical Records. This authorization will expire in one year from the date of the signature below and may be used until such time for either a one-time release or periodic release of information.

If the disclosure is for educational purposes, I understand that the recipient may be my child's home school district and any school within the home school district. Disclosure to any other school or educational entity requires a separate authorization.

I understand the disclosure of this information is voluntary. I understand that I can refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment. I understand that I have a right to receive a copy of this authorization. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure by the recipient and the information may not be protected by the Federal Privacy Rules or by New York State Law.

Signature of Legal Guardian or Student and Student's Date of Birth

Date

If Signed by Legal Guardian, Relationship to Student

Signature of Witness

Signature of Staff Person Releasing Information

Title and Date Released

Revised 11/05/13



MOUNTAIN LAKE ACADEMY

386 River Road Lake Placid, NY 12946

phone: (518)-523-4300 fax: (518)-523-5322

AUTHORIZATION TO OBTAIN INFORMATION

Student: _____

DOB: _____

I authorize Mountain Lake Academy to obtain from:

Person / Agency: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

The specific information to be disclosed is:

- | | |
|---|---|
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Dates of Admission/Discharge | <input type="checkbox"/> Verbal / Written Communication for Discharge |
| <input type="checkbox"/> Psychiatric Assessments | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Psychological Testing | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Medical History, Medications, Physical, Lab Work | |

This information will be used for the following purpose(s):

- | | |
|---|---|
| <input type="checkbox"/> Evaluation and Continuing Treatment | <input type="checkbox"/> Coordinating Care |
| <input type="checkbox"/> Educational Placement / Educational Concerns | <input type="checkbox"/> Other (specify): _____ |

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Signature of Legal Guardian or Student and Student's Date of Birth

Date

If Signed by Legal Guardian, Relationship to Student

Signature of Witness

Signature of Staff Person Releasing Information

Title and Date Released

Revised 11/05/13



Expeditions at Mountain Lake Academy

Fostering growth, resilience, and connection through nature-based experiences

At Mountain Lake Academy, we believe meaningful learning and healing extend beyond the traditional classroom. A cornerstone of our therapeutic program is our structured expeditions, which range from 2 to 7 days and are carefully designed to promote emotional growth, resilience, and healthy peer relationships.

These expeditions take place in the scenic Adirondack region and include activities such as hiking, biking, canoeing, camping, and nature-based team challenges. Every trip is planned and led by experienced staff, including expedition instructors and therapeutic support personnel, ensuring a safe and clinically informed experience for all participants.

Purpose and Benefits

Our expedition program is far more than recreational. These experiences are intentional and therapeutic, helping students:

- Develop confidence, perseverance, and self-reliance
- Strengthen social skills, teamwork, and trust
- Improve executive functioning and adaptive coping strategies
- Enhance physical wellness and emotional regulation
- Experience nature as a tool for healing and self-discovery

We support each student according to their unique needs and readiness. For many, these expeditions become powerful milestones in their therapeutic progress.

Preparation and Support

Students receive on-campus instruction and preparation before any multi-day expedition, learning essential skills, safety protocols, and group expectations. All necessary gear is provided by the Academy. Each trip is designed to be both challenging and achievable, with appropriate accommodations in place for students needing additional support.

Safety and Communication

We recognize that extended expeditions may feel unfamiliar or even concerning for some families. Please be assured that safety is our highest priority. Our staff carry emergency communication devices and follow detailed risk management protocols, including pre-expedition planning, real-time check-ins with campus leadership, and medical/clinical oversight. Parents are notified prior to each expedition and provided with a general overview of the itinerary. While real-time communication during trips may be limited due to location, families will be promptly informed of any significant updates or changes.

Print Name (Parent or Legal Guardian)

Signature of Parent or Legal Guardian

Date

Print Name (Student)

Signature of Student

Date



Consent for Screening

Mountain Lake Academy students actively participate in athletics and are consistently involved in extracurricular activities. Because of these physical demands, we found it prudent to adopt practices that protect the physical well-being of students in our care.

Mountain Lake Academy has adopted practices for testing students to determine the presence of drugs or alcohol. If considered appropriate, and in coordination with parent/guardian awareness, Mountain Lake Academy will administer urine tests to screen for use of illicit substances.

If a student tests positive for an illicit substance, the test results will not be used for law enforcement or student disciplinary purposes (e.g. student suspension from academics). Rather, Mountain Lake Academy's only response of a positive test result is the restriction to participate in extracurricular activities or athletics until such time that there is clinical support for reinstatement. Positive results will be directed to the student's treatment team to develop interventions to ensure safety and/or amend treatment goals toward embracing a healthy lifestyle.

Parents will be informed of a positive test result and be provided information about programs and/or treatment interventions to manage future use. Mountain Lake Academy will also report positive test results to the local social services department (if applicable), to determine whether to pursue further action under NY Social Services Law.

Mountain Lake Academy will maintain all results in a separate location from other educational records. The purpose will be to keep all results confidential as mandated by law, and all records will be destroyed upon the student's graduation or discharge from Mountain Lake Academy.

Signature of Parent or Legal Guardian

Date

Print Name (Parent or Legal Guardian)

Signature of Student

Date

Print Name (Student)