



# Montana Youth Challenge Academy

790 East Cornell Street, Dillon, MT 59725

Toll Free: 1-877-367-6927

Office: (406) 683-7533

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Website: [www.youthchallenge.mt.gov](http://www.youthchallenge.mt.gov)

Facebook: [www.facebook.com/MYCAcademy](https://www.facebook.com/MYCAcademy)

## Applicant Checklist

- Keep pages 1- 3 of this application for your records
- Schedule an interview with an Admissions Counselor
- Submit your completed application
- Submit copies of all the required documentation. (NOTE: Your application WILL NOT be formally reviewed until we receive you Birth Certificate and Social Security Card. All other documentation must be submitted PRIOR to attending Challenge.
  - Birth Certificate
  - Social Security Card
  - Immunization Records
  - Medical Insurance Card
  - Photo ID
  - Academic Transcripts
  - Return to School Form (if applicable)
  - Copy of IEP (Individualized Education Plan) if applicable
- Secure a mentor as part of the 12-month Post Residential Phase of the Academy. If you have any questions about a mentor, please contact Michelle Nelon immediately. (406) 683-7512 or [michelle.nelon@umwestern.edu](mailto:michelle.nelon@umwestern.edu)
- Schedule any medical appointments the student will need PRIOR to attending Challenge. (Doctor, Vision, Dental)
- Apply for Medicaid if student doesn't have Medical Insurance. (NOTE: If youth doesn't have medical coverage, parents/guardians will be privately billed for any appointments off site.)
- Start saving money to purchase items from the packing list upon formal acceptance into MYCA.
- Start making transportation arrangements for your youth to MYCA (Dillon, MT) upon formal acceptance.

## INFORMED CONSENT

The Montana Youth Challenge Academy (MYCA) course can be physically demanding and potentially dangerous. Some participants may find the program physically, mentally and emotionally stressful. This may include experiencing severely upsetting emotions and sensations during the program.

Throughout the Academy, each day is designed to include activities that will challenge each Academy member and still allow for adequate rest and relaxation. There will be three meals a day. Eight hours of sleep are scheduled each day. The course may include such physically strenuous activities as:

- Daily vigorous physical exercises.
- A daily run or obstacle course involving several events requiring balance and strength.

Persons with medical conditions or emotional disorders may be more susceptible to adverse effects of physical stress than others. These pre-existing conditions include, and are not limited to, heart disease, nerve and muscular disorders, glandular and metabolic disorders, some respiratory illnesses and high blood pressure.

It is recommended that you DO NOT participate in the Challenge Academy if you:

- Have been hospitalized or have psychiatrist recommended psychiatric care for a mental disorder and your current condition is still unstable as determined by your psychiatrist.
- You are considering seeking psychiatric or other medical support for some emotional problem or issue in your life.
- You are currently addicted to heroin or cocaine or any other addictive substance.

## STATEMENT OF UNDERSTANDING

I have read and understand the above.

I understand that the MYCA involves a potential risk of physical injury and or emotional upset. I agree that I am responsible for my own physical and emotional well-being.

I represent that I have not enrolled in the Challenge Academy either to participate in clinical psychiatric therapy or as a substitute for such.

I know of no episodes in my past history, which suggest to me that I have a physical or emotional disorder that I have not disclosed to MYCA. Further, I know of no recurring symptoms, physical or mental, which suggest to me that I may not be physically or emotionally competent to handle, without damage to others, or myself the kind of physical and mental activity described to me. As a condition of the Academy, I will be examined by a physician or a physician assistant, whose report will be submitted as part of my application, stating that I am physically able to participate in the course.

I understand that psychiatric and mental health reports of any such treatment may be reviewed by a therapist who will advise MYCA as to the appropriateness of this program for my unique condition. I promise to inform the Staff Nurse, Counselor, or the Chief Team Leader at any time during the Challenge Academy, if I experience any physical sensation or mental discomfort, which I consider to be out of the ordinary.

I understand that drugs, alcohol and weapons are not permitted at the Challenge Academy. I agree I will not use or possess drugs, alcohol, or weapons during the program. I hereby waive any objection I might otherwise have and agree that my person or property may be searched during the Academy to assure that I do not possess any drugs, alcohol, or weapons.

I agree to be responsible for any and all bodily injury or property damage incurred by me at the Challenge Academy. I understand no fraternization or relationships beyond platonic are allowed for the duration of Challenge.

Applicants requiring glasses, hearing aids, or other special equipment or testing should arrive at the Acclimation Phase with them. Those requiring urgent dental work should see to it before entering our Academy. We will not provide such equipment or test and cannot arrange for such during the first 4 to 5 weeks of the program. Applicants that wear contact lenses should also bring the required cleaning solutions and equipment as well as a pair of glasses that may be used in the event of eye infection or irritation.

If the applicant is on any prescription medications, they should bring at least a 30-day supply with them. Routine prescription medicines need to be provided by the parent/guardian. They should be mailed to us, ATTN: Medical Technician, at least 1 week before the supply runs out.

The Challenge Academy and the State of Montana do not accept financial responsibility for medical or dental services, treatments, or medications resulting from illness, disease or accidents that are not in the performance of duty.

The participants shall not be considered to be in the performance of duty while not at the assigned location of training or other activity authorized in accordance with the program agreement. Participants shall not be considered to be in the performance of duty while engaged in any unauthorized activity.

Insurance coverage provided by the parent or guardian will be necessary in the event of a doctor, clinic, or hospital visit.

I have read and understand the above and accept the responsibility to ensure my youth is in good physical condition prior to program entrance, and will accept financial responsibility for any injury incurred not in the line of duty.

Parents/Guardians and applicant are aware that any youth committed to enter the Montana Youth Challenge Academy will voluntarily agree to complete the full 11 days of the Acclimation Phase. This process is being adopted at MYCA because it is not fair to the youth, Academy, or parent/guardian to make a commitment to participate and request voluntary discharge after the first day, or the first hour of the Acclimation Phase. Remember also, that just because the youth remains for the 11 day Acclimation Phase does not mean that he/she will graduate into the Residential Phase of MYCA. Challenge reserves the right to remove candidates prior to the end of the Acclimation Phase if they deem necessary.

I hereby consent to the use of my name, likeness, and speech in any audiotape, videotape, film or photograph produced by the Montana Youth Challenge Academy, to include Social Media Networking (such as Facebook, YouTube, Twitter, etc.) for any business and/or promotional purposes of the Challenge Academy and/or its affiliate partners.

I hereby authorize the Montana National Guard or the MYCA to transport my/our child/ward in either ground or air vehicles to, from, and around the program domain; and provide the facilities and training during the period of my/our child's/ward's enrollment in the Challenge Academy. Whereas my/our child/ward will accept such transportation entirely upon his/her initiative, risk and responsibility. I/we agree to be responsible for all claims, demands, actions or cause of action on account of any injury or illness to the above named Program Member or personal property which may occur from any cause as a result of said transportation, as well as all ground operations incident thereto.

I hereby authorize the staff of the Montana Youth Challenge Academy to release/share/obtain information to/with/from any appropriate outside agency identified by MYCA staff. I understand that this program works within a community setting and structure which requires a team approach in order to provide the best education and behavioral intervention to further my student's personal goals. I understand, that by authorizing, I have granted permission for the staff of Challenge to consult with professionals/paraprofessionals of these agencies to meet the goals and objectives of the program and the individual youth. I also understand that all medical records are confidential and release of such information will occur only in accordance with the Health Information Protection Act standards as dictated by law. All information shared with the agencies listed above will be done so in good faith that it is intended for use toward bettering the life of and goals for each Challenge youth.

**INFORMED CONSENT/STATEMENT OF UNDERSTANDING  
READ AND UNDERSTOOD**

**APPLICANT MUST READ THIS ENTIRE INFORMED CONSENT/STATEMENT OF UNDERSTANDING (PAGE 2-3 OF THIS APPLICATION) AND SIGN BELOW:**

As an applicant, I have read this **Informed Consent/Statement of Understanding**, and agree to its terms.

I am freely and voluntarily choosing to participate in the Challenge Academy. No person, organization or circumstance is forcing me to participate.

In consideration for my participation in this academy, I assume for myself, my heirs, and family members, executors, administrators, successors, and assignees, all risk of harm, which may occur during or after the challenge academy.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**PARENT/GUARDIAN MUST READ THIS ENTIRE INFORMED CONSENT/STATEMENT (PAGE 2-3 OF THIS APPLICATION) AND SIGN BELOW:**

As parent/legal guardian of the above named minor, I have read this **Informed Consent/Statement of Understanding**, agree to its terms, and I approve of his/her participation in the Challenge Academy. It is my choice that he/she participates, free of any compulsion or necessity to do so. On behalf of him/her, myself, and my heirs and assigns, I am signing this **Informed Consent/Statement of Understanding**; fully aware that I am responsible for all damage or injury that my son/daughter may cause to herself/himself or others arising out of his/her participation in the Youth Challenge Program or from voluntarily removing herself/himself from the supervision and control of the Youth Challenge Academy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**MYCA PARENTAL RELEASE FORM FOR  
14-MONTH MENTOR PHASE**

**NAME OF STUDENT:** \_\_\_\_\_

As the parent(s)/guardian(s) of the above named individual enrolled in the Challenge Academy, and that individual not yet being age 18, I/we authorize the Montana Youth Challenge Academy to release my youth into the care of an assigned mentor for the purpose of unsupervised visitation. I/we understand that unsupervised means that the youth will not be under the supervision of a Challenge staff member. The youth will be under the care and supervision of the youth's assigned mentor. I/we also grant the release of student records generated at MYCA to an assigned Mentor. I/we understand that the mentor assigned to my youth will be screened prior to being matched. I/we also understand that this screening process shall consist of a law enforcement background check, reference checks as well as a personal interview with Challenge staff. I/we and our heirs release and forever discharge the Government of the United States and the Government of the State of Montana and their employees, acting officially or otherwise from all claims, demands, action or cause of action on account of any injury or illness to the above named Program Member or personal property which may occur from any cause during said mentor visitations over the 17.5 month duration this program.

**I understand that by joining the Montana Youth Challenge Academy, I am also committing myself to a 12-Month follow through mentoring program.** This Academy will support me in keeping my goals and commitments after I leave the 22 week Residential Phase. The mentoring program will require 100% participation with my mentor and case manager.

I/we and our heirs release and forever discharge the Government of the United States and the Government of the State of Montana, their contractors, volunteers, and employees, acting officially or otherwise from all claims, demands, actions, or cause of action on account of any injury or illness to the above named student or personal property which may occur from any cause during said transportation, as well as all ground operation incidents thereto.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## STUDENT INFORMATION

\_\_\_\_\_  
Last Name (LEGAL NAME) First Name Middle Name

\_\_\_\_\_  
Mailing Address (Street Number, Apt. #)

\_\_\_\_\_  
City State Zip Code County

\_\_\_\_\_  
Date of Birth (Month/Day/Year) Age Social Security Number (**REQUIRED**)

\_\_\_\_\_  
Student Phone Number Current Employer & Salary (Company Name, City, & State)

## GENERAL INFORMATION

1. Has the applicant received a high school diploma or HiSET (GED)?  Yes  No
2. Last High School Attended (School Name, City, State) \_\_\_\_\_  
\_\_\_\_\_
3. Highest grade applicant has completed: \_\_\_\_\_
4. Is the applicant currently enrolled in school?  Yes  No
  - If yes, does the applicant plan to withdraw from high school or transfer to MYCA? (***MUST*** circle one)
5. Does the applicant plan to return to high school in home community upon successful completion of MYCA.  Yes  No
  - If yes, a “Return to School Form” **MUST** be completed by a high school staff member and submitted to MYCA. If applicable, your Admissions Counselor will provide you with the form).
6. Is the applicant currently a high school dropout?  Yes  No
  - If yes, date last attended and reason for leaving: \_\_\_\_\_
7. Is the applicant currently expelled from high school?  Yes  No
  - If yes, date expelled and reason: \_\_\_\_\_
8. Is the applicant currently on an IEP (Individual Education Plan)?  Yes  No
  - If yes, please submit a copy to MYCA.

**GENERAL INFORMATION CONTINUED (Page 2)**

9. Where did the applicant **FIRST** hear about the Montana Youth Challenge Academy (School Counselor, TV, Radio, Poster, Brochure, etc.)?  
\_\_\_\_\_

10. Is the applicant a permanent resident of Montana?  Yes  No

11. Is the applicant a citizen or legal resident of the United States?  Yes  No

12. Does the applicant have any physical handicap that would prevent him/her from engaging in strenuous physical activity on a daily basis?  Yes  No

13. Has the applicant previously applied for the Montana Youth Challenge Academy?  Yes  No

14. Is the applicant volunteering for the Montana Youth Challenge Academy?  Yes  No

15. Has the applicant ever had long periods of depression, attempted suicide, or seriously thought about suicide?  Yes  No

- If yes, please explain: \_\_\_\_\_

16. Has the applicant ever been hospitalized for psychiatric care, mental disorders, or for drug/alcohol rehabilitation?  Yes  No

- If yes, please provide dates of treatment and explain: \_\_\_\_\_

(Please Note: a copy of the “Discharge Summary” **MUST** be submitted to MYCA prior to formal review.)

17. Is the applicant currently seeing a therapist?  Yes  No

18. Is the applicant currently charged, or ever been convicted of a felony offense?  Yes  No

19. Please list any pending charges that the applicant is facing and list any prior convictions:

Pending Charges: \_\_\_\_\_

Prior Convictions: \_\_\_\_\_

20. Is the applicant currently on probation or parole?  Yes  No

- If yes, please provide the following information:
  - Name of Probation Officer: \_\_\_\_\_
  - Phone number of the probation officer: \_\_\_\_\_
  - City the probation officer is located in : \_\_\_\_\_
  - Approximate date of release from probation: \_\_\_\_\_

21. Is the applicant awaiting a court date?  Yes  No

- If yes, when is the court date scheduled? \_\_\_\_\_

**GENERAL INFORMATION CONTINUED (Page 3)**

22. Has the applicant spent time in a Youth Detention Facility or Jail?  Yes  No  
• If yes, please provide date(s) detained  
and explain: \_\_\_\_\_

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23. Has the applicant ever been affiliated with a gang in any way?  Yes  No  
• If yes, please explain:  
\_\_\_\_\_

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24. Does the applicant currently use: (Please check ALL that apply)

- Tobacco:  Yes  No
- Alcohol:  Yes  No
- Marijuana:  Yes  No
- Cocaine:  Yes  No
- Heroin:  Yes  No
- Meth:  Yes  No
- Other:  Yes  No

If yes, please provide date of last use: \_\_\_\_\_

25. Does the applicant consent to be drug free from the time you submit this application?  Yes  No

I CERTIFY THAT ALL INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. AT THIS TIME, I AM IN GOOD HEALTH AND NOT UNDER THE INFLUENCE OF ANY ILLEGAL DRUGS/ALCOHOL. I UNDERSTAND THAT MYCA RESERVES THE RIGHT TO DISENROLL THE YOUTH (APPLICANT) FROM THE ACADEMY IF ANY INFORMATION IS FOUND TO BE WITHHELD OR FALSIFIED.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## APPLICANT DEMOGRAPHIC INFORMATION

**\*\*Please note, the following information is collected for Demographic purposes only. This information will NOT be used for consideration of acceptance.**

Student Name: \_\_\_\_\_

Ethnicity (**REQUIRED**): \_\_\_\_\_

Gender (**REQUIRED**): \_\_\_\_\_

### **CLOTHING SIZE**

While attending the Montana Youth Challenge Academy, the applicant will be provided numerous items of clothing. Please circle an APPROXIMATE size that he/she wears. This is NOT going to finalize his/her sizes issued, rather it will give us a better idea for ordering purposes.

**Shirt**    S            M            L            XL            XXL            Other \_\_\_\_\_

**Shorts**    S            M            L            XL            XXL            Other \_\_\_\_\_



**CONSENT FOR MEDICAL CARE**

**STUDENT INFORMATION:**

Name: \_\_\_\_\_ Allergies: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION:**

**\*\*Please provide a photocopy of insurance card and/or Medicaid card (front and back)\*\***

Medical Ins. Company: \_\_\_\_\_ Medicaid or Group # \_\_\_\_\_  
Policy Holders Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Insurance Company Address: \_\_\_\_\_  
Insurance Company Phone Number: \_\_\_\_\_

**RESPONSIBLE PARTY: (Person who is responsible for medical co-pays and outstanding balances)**

**\*\*\*This section is MANDATORY and MUST be filled out completely\*\*\***

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home & Local Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Employer Name & Status (i.e. Full/Part/Self/Ret/Un): \_\_\_\_\_

**CONSENT FOR MEDICAL CARE**

I hereby grant permission to the Challenge Academy to provide medical care for my son/daughter. If my son/daughter needs an advanced level of routine and/or emergency medical, dental, or behavioral health care, I authorize the Challenge Academy to take him/her to the nearest appropriate medical provide and further authorize the attending medical personnel to provide whatever medical treatment is necessary.

I authorize the attending medical personnel to release all medical records and information to MYCA. In the event of any emergency illness or injury, I understand that reasonable efforts will be made to contact me. I also authorize the nurse and/or MYCA staff to dispense over the counter medications as deemed necessary for the illness or injury.

Montana Youth Challenge does not provide financial coverage for injuries or illnesses incurred while enrolled in the program. Injuries sustained while under program supervision will be submitted to the Office of Workers' Compensation Program (OWCP) for coverage at their discretion. It is further understood that any injuries incurred while out of program supervision, including self-induced injuries of any nature, are the financial responsibility of the parent/s or guardian/s.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## PROOF OF IMMUNIZATIONS

### SECTION A: PARENTAL OBLIGATIONS

It is the responsibility of the parent or guardian of participants in the Montana Youth Challenge Academy to provide proof of immunizations as required in Section 20-5-403, MCA.

### SECTION B: LAST SCHOOL OF ATTENDANCE

Please provide the name, address and phone number of the last school attended by this applicant.

APPLICANT NAME: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_

### SECTION C: PARENTAL RELEASE

I, as parent or legal guardian of \_\_\_\_\_ (applicant), do hereby authorize the Montana Youth Challenge Academy to contact health care providers and/or schools of attendance as deemed necessary to obtain verification of immunizations. If the Montana Youth Challenge Academy is unable to obtain complete immunization information, I authorize the Challenge Academy to have this applicant immunized to ensure compliance with state law.

Print Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### SECTION D: imMTrax Permission Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of Parent/Guardian (Printed): \_\_\_\_\_

Email: \_\_\_\_\_

I authorize my health care provider and a public health agency to collect and enter my child's immunization records into the Department of Public Health and Human Services' Immunization Information System (IIS). The IIS is a confidential, computer system that contains immunization records. I understand that information in the registry may be released to a public health agency as well as my health care providers to assist in my child's medical care and treatment. In addition, information may be released to child care facilities and schools in which my child is enrolled to comply with state immunization requirements. I understand that I can revoke this authorization and have my record removed at any time by contacting my local health department.

Client/Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Health Care Provider: \_\_\_\_\_

## CADET MEDICATION PROFILE

**APPLICANT NAME** \_\_\_\_\_ **ALLERGIES** \_\_\_\_\_

Below is a list of oral over the counter medications kept in stock at the Montana Youth Challenge Academy (MYCA). If your son/daughter is under the age of 18, you must designate which medications you authorize MYCA staff to administer to your son/daughter by filling out the information requested. Please place your signature next to the medications you will allow us to administer on an as needed basis. All over the counter medications will be administered according to package instructions. Montana Youth Challenge Academy reserves the right to use generic medications as substitutes for any of the medications listed below.

<b>Medication</b>	<b>Used For</b>	<b>Signature</b>
<b>Advil</b>	<b>Body aches/fever/headache</b>	
<b>Anbesol</b>	<b>Teeth/gums</b>	
<b>Antibiotic Ointment</b>	<b>Scrapes/abrasions/sores/cuts</b>	
<b>Benadryl Allergy</b>	<b>Allergies/runny nose/itchy throat</b>	
<b>Calamine Lotion</b>	<b>Skin irritations</b>	
<b>Cortaid</b>	<b>Skin irritations</b>	
<b>Imodium</b>	<b>Diarrhea</b>	
<b>Lamisil</b>	<b>Athlete's foot/jock itch</b>	
<b>Lanacane</b>	<b>Skin irritations</b>	
<b>Maalox</b>	<b>Upset stomach/heartburn</b>	
<b>Naproxen Sodium</b>	<b>Body aches/fever/headache</b>	
<b>Pepto Bismol</b>	<b>Upset stomach/nausea/vomiting</b>	
<b>Sore Throat Spray</b>	<b>Sore throat</b>	
<b>Sports Cream</b>	<b>Muscles aches and pain</b>	
<b>Theraflu</b>	<b>Cough/nasal congestion/cold symp</b>	
<b>Tylenol</b>	<b>Body aches/fever/headache</b>	

Medications listed above and not authorized by parent/guardian will only be administered if prescribed by an authorized medical provider. This may necessitate an off-site visit to a health care provider and may result in financial responsibility to the parent/guardian.

My signature below verifies I have read and understand this form in its entirety. I understand that I am accepting responsibility for the proper dispensing of the above authorized over the counter medications to my son/daughter. I also understand that MYCA reserves the right to substitute generic brands for any of the medications listed above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**CADET MEDICATION PROFILE CONTINUED (Page 2)**

Is the applicant currently using any prescribed medications?  Yes  No

- If yes, please list all current medications, dose and time of day taken:

Medicine	Dose	Time

Has the applicant stopped taking prescription medications within the last 3 months?  Yes  No

- If yes, list medications, reason for taking medications and reason for discontinuing.

Medicine	Reason for Medication	Why did you stop?

Is the applicant allergic to any medications, food, or other agents?  Yes  No

- If yes, please list the agent and the way the applicant reacts:

Allergen	Reactions	Notes about Allergen

Has the applicant ever been a patient in a hospital?  Yes  No

- If yes, please list the date, hospital and reason:

Date	Hospital	Reason

**MT AUTHORIZATION TO CARRY AND SELF-ADMINISTER ASTHMA MEDICATION**

*For this student to carry and self-administer asthma medication on school grounds or for school sponsored activities, this form must be fully completed by the prescribing physician/provider and an authorizing parent or legal guardian.*

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Gender: (Please circle) Female/Male City/Town: \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ School Year: \_\_\_\_\_ (Renew each year)

**Physician's Authorization:**

The above named student has my authorization to carry and self-administer the following medication:

Medication: (1) \_\_\_\_\_ Dosage: (1) \_\_\_\_\_  
 (2) \_\_\_\_\_ (2) \_\_\_\_\_

Reason for prescription(s): \_\_\_\_\_

Medication(s) to be used under the following conditions: \_\_\_\_\_

I confirm that this student has been instructed in the proper use of this medication and is able to self-administer this medication on his own without school personnel supervision. I have provided a written treatment plan for managing asthma or anaphylaxis episodes and for medication use by this student during school hours and school activities.

\_\_\_\_\_  
 Signature of Physician Physician's Phone Number Date

*Backup Medication – The law provides that if the child's health care provider prescribes "backup" medication to be kept at the school, it must be kept in a predetermined location, known to the child, parent and school staff.*

The following backup medication has been provided for this student: \_\_\_\_\_

For Completion by Parent or Guardian

\*As the parent/guardian of the above named student, I confirm that this student has been instructed by his/her health care provider on the proper use of this/these medication(s). He/she has demonstrated to me that he/she understands the proper use of this medication. He/she is physically, mentally and behaviorally capable to assume this responsibility. He/she has my permission to self-medicate as listed above if needed. If he/she has used an auto-injectable epinephrine, he/she understands the need to alert an adult that emergency medical personnel need to be called. If he/she has used his/her asthma inhaler as prescribed and does not have relief from an asthma attack, he/she understands to alert an adult.

\*I also acknowledge that the school district or nonpublic school may not incur liability as a result of any injury arising from the self-administration of medication by the pupil and that I shall indemnify and hold harmless the school district or nonpublic school and its employees and agents against any claims, except a claim based on an act or omission that is the result of gross negligence, willful and wanton conduct, or an intentional tort.

\*I agree to also work with the school in establishing a plan for use and storage of backup medication if prescribed, as above, by my child's physician. This will include a predetermined location to keep back up medication to which my child has access in the event of an asthma or anaphylaxis emergency.

\*Authorization is hereby granted to release this information to appropriate school personnel and classroom teachers.

\*I understand in the event that the medication dosage is altered, a new "self-administration form" must be completed, or the physician may re-write the order on his prescription pad and I, the parent/guardian, will sign the new form and assure the new order is attached.

\*I understand it is my responsibility to pick up any unused medication at the end of the school year, and that medication that is not picked up will be disposed of.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date



## Montana Youth Challenge Academy

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Facebook: [www.facebook.com/MYCAcademy](http://www.facebook.com/MYCAcademy)

Dear Applicant,

**Enclosed is the admissions application and information you requested.** Please return your completed application in the envelope provided as soon as possible. Keep the folder and other information for future reference. Upon receiving your completed application, I will review it and contact you and request further information if needed. Afterwards, I will submit your application to the next scheduled application review board.

**The Acclimation Phase (the first 11 days) of Class 36 of the Montana Youth Challenge Academy will begin Tuesday, January 17, 2016. Graduation from the Residential Phase of the Academy will be Saturday, June 17, 2016 on the campus of the University of Montana Western.**

The Post Residential Department (the mentoring department) requires you to identify two potential mentors to mentor you during the post residential phase following graduation from the residential phase of Youth Challenge. The mentoring department will mail the mentor applications and materials to you after I have received your completed admissions application and you have been approved by the review board to enroll in the next class. **Please DO NOT hold your admissions application while you are searching for a mentor.** If you need assistance with any mentor-related information upon acceptance, please contact Michelle Nelon, Mentor Coordinator, at (406) 683-7512 or [michelle.nelon@umwestern.edu](mailto:michelle.nelon@umwestern.edu)

**Please feel free to contact me at my direct office number (406) 683-7533 or call toll free 1-877-367-6927 if you need further assistance or have any questions.** The Montana Youth Challenge Academy exists to help you further develop and achieve your life goals. By completing the application, you are taking the first step toward SUCCESS!

Sincerely,

**Chelsey Hutchison  
Admissions Coordinator  
Montana Youth Challenge Academy**

## ACCLIMATION PHASE PACKING LIST

### Males:

- Swimming trunks with liner **(1)** *No bikini cuts*
- Underwear Briefs **(7)** *white, blue, black, or grey; solid colors only*

### Females:

- Regular Bras **(3)** *white, grey, or neutral; solid colors only*
- Sports Bras **(3)** *white, grey, or neutral; solid colors only*
- Cotton panties **(7)** *No bikini cuts or thongs; white, blue, black, or grey; solid colors only*
- One piece swimming suit **(1)** *No V-necks or open bellies/sides*
- Black hair ties **(10)**
- Bobby pins **(1 Package)**
- Hair brush/Comb **(1)**
- Feminine hygiene items **(1 Package)**

### Both:

- Prescription eyewear/Contact Lens Solutions/Eye Drops/Lens Case *If applicable*
- Prescription drugs **(Minimum 30-Day Supply)** *If applicable*
- Disposable razors **(1 pack)** *No replacement blade razors*
- Shaving cream **(1 can)** *No Aerosol*
- Deodorant **(1 Dispenser)** *Stick, Roll-on, or Glide Only; No Spray*
- Shampoo **(1)**
- Conditioner **(1)** *Optional for males*
- Soap **(1)** *Bar soap only*
- Soap case **(1)**
- Face Wash **(1)** *Optional; Must be alcohol free*
- Toothbrush **(1)**
- Toothbrush Case **(1)**
- Toothpaste **(1 tube)**
- Dental Floss **(1)** *No floss picks*
- Q-Tips **(1 Package)**
- Finger/Toenail Clippers **(1 of each)** *No files – files can be removed*
- Foot Powder **(1)** *No Spray*
- White Cotton Bath Towels **(2)** *solid white only*
- White Cotton Wash Cloths **(2)** *solid white only*
- Grey Sweatshirt **(1)** *No hoodies or large logos*
- Compression Shorts **(1)** *Similar to spandex bicyclist shorts; mid-thigh length*
- White Crew Neck T-Shirts **(7)** *No pockets, V-necks, designs, or logos*
- Plain White Socks **(7 pairs)** *Crew or Tube socks only; No ankle socks; White only*
- Shower Shoes/Flip Flops **(1)** *Solid colors only*
- Tennis Shoes **(1 pair)** *prefer running shoes with good support; no skater shoes*
- Writing Paper **(1 Notepad or package)** *no wire-bound spiral notebooks*
- Black Ink Pens **(2)** *No click-type pens*
- Pencils **(2)** *#2 lead*
- Address Book **(1)** *Optional; Not wire-bound/Not Electronic*
- Bible **(1)** *Optional*
- Pictures **(Up to 5)** *Optional; No cigarettes, alcohol, drugs, or offensive gestures etc.*