



## Deadlines for Nutmeg Forms

Please return the completed forms by the following deadlines:

Session I ... **Friday, June 1**  
Session II ... **Friday, June 22**  
Session III ... **Friday, July 20**

The following forms must be completed and returned as directed below by the deadlines listed above.

**Fax to: 860-482-7614 or Email to: [ktuck@nutmegconservatory.org](mailto:ktuck@nutmegconservatory.org) or Mail to attention of:**

Karen Tuck, Housing Director, Nutmeg Ballet Conservatory, 58 Main Street, Torrington, CT 06790

**Form checklist** - Please double check to be certain that you return all forms necessary for your child.

- Meal Plan Selection Form (optional choices for Day Students)
- Meal Request Form (\*required even if not choosing to be on Meal Plan)
- Jacob's Pillow Field Trip Authorization
- Student Handbook Acknowledgement Form
- Code of Conduct Acknowledgement Form
- Permission to Leave Campus Form
- Day Student Information and Medical Release (Please supply immunization records)
- Authorization for Medication Form(s) (\*only required if Nutmeg would be giving your child any medication)
- \*EpiPen Form (required for any student who has an EpiPen prescription. Note: child must bring EpiPen and a bag to carry it at all times. A second EpiPen should be given to Housing Staff for Emergency)
- Individual Plan of Care Form (this is a 2 sided form \* only required if your child has a special need or disability and must be documented by health practitioner on the physical examination record or on a medication order and may be supported by accompanying documentation. Examples: Gluten-Free Diet, Asthma, Epi-Pen, Diabetes, etc.) *To download form from website see next page for instructions*
- Insurance Information
- Copy of Insurance Card (both sides)

To download the Individual Plan of Care form if needed, click on the following link. (Please be sure to adjust your print setting to 2 sided printing)

<https://nutmegconservatory.org/app/uploads/2018/04/Individual-Plan-of-Care-Form.pdf>

If you need instructions about how to print a 2 sided form you may download instruction from the following link: [https://nutmegconservatory.org/app/uploads/2018/04/Printing-Instructions\\_Individual-Plan-of-Care-Form.pdf](https://nutmegconservatory.org/app/uploads/2018/04/Printing-Instructions_Individual-Plan-of-Care-Form.pdf)

## **Other information**

### **EpiPens**

**Note:** If your child has an EpiPen they should bring a bag for it that can be carried to all meals and taken on Field trips.

### **Orientation Meeting**

An informational meeting for parents and students (Day and Resident) will be held at 3:00pm on the opening Sunday of each session in the 3<sup>rd</sup> Floor Premier Studio. While all students are strongly encouraged to be there, we understand that flight schedules may not allow it. In that event, please be sure to let Karen Tuck, Housing Director, know ahead of time at [ktuck@nutmegconservatory.org](mailto:ktuck@nutmegconservatory.org). Day students are invited to attend the Pizza Party.



## Meal Plan Selection for Day Students – Summer 2018

If your child would like to eat meals provided by Nutmeg, please **choose one** of the following options:

**Meal Plan A** - includes 15 meals per week

(5 breakfasts, Mon-Fri; 6 lunches, Mon-Sat; and 4 dinners, Mon-Thu, per week)

**Meal Plan B** - includes 10 meals per week

(6 lunches, Mon-Sat; and 4 dinners, Mon-Thu, per week)

**Meal Plan C** - includes 4 meals per week (4 dinners, Mon-Thu, per week)

*(Note: If your child attends Friday Movie Night or Jacob's Pillow Field trip, dinner is not included. They will need to bring their meal from home).*

### **Check one:**

#### **Session I June or Session III (August) Options 2 week Program**

- Session I (June) or  Session III (August) ... **Meal Plan A** \$220  
 Session I (June) or  Session III (August) ... **Meal Plan B** \$175  
 Session I (June) or  Session III (August) ... **Meal Plan C** \$100

#### **Session II July Options 4 week Program**

- Session II (July) ... **Meal Plan A** \$440  
 Session II (July) ... **Meal Plan B** \$350  
 Session II (July) ... **Meal Plan C** \$200

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Print Name of Student

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Print Name of Parent/Legal Guardian

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Signature of Parent/Legal Guardian

**Fax to:** ATTN of Housing Director @ 860-482-7614

**or email to:** [ktuck@nutmegconservatory.org](mailto:ktuck@nutmegconservatory.org)

- Deadline to return form:**
- Session I (June) by Friday, June 8<sup>th</sup>
  - Session II (July) by Friday, June 22<sup>nd</sup>
  - Session III (August) by Friday, July 20<sup>th</sup>

# MEAL REQUEST FORM

**MUST BE SIGNED AND RETURNED FOR ALL STUDENTS**  
*If your child has no special dietary needs,  
 please write N/A (not applicable)*

Please let us know of any allergies and/or preferred meals, e.g., gluten free, vegetarian, that your child requires.

Student's Name: \_\_\_\_\_  
*(please print)*

Date: \_\_\_\_\_

My child will be attending the following summer intensive program(s):

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> June Program   | <b>Check one:</b> <input type="checkbox"/> Resident Student | <input type="checkbox"/> Day Student |
| <input type="checkbox"/> July Program   | <b>Check one:</b> <input type="checkbox"/> Resident Student | <input type="checkbox"/> Day Student |
| <input type="checkbox"/> August Program | <b>Check one:</b> <input type="checkbox"/> Resident Student | <input type="checkbox"/> Day Student |

**Gluten Free**    **Vegetarian**    **Lactose Intolerant**    **Other** \_\_\_\_\_

Briefly explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

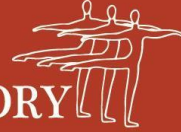
My child is allergic to the following foods: \_\_\_\_\_  
 \_\_\_\_\_

The student carries an **EpiPen** (Student **must** carry EpiPen to all meals and on field trips.)

**Parent signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_

**Email at least 2 weeks prior to start of session to:** [ktuck@nutmegconservatory.org](mailto:ktuck@nutmegconservatory.org)  
 or **Fax to:** 860-482-7614



## Jacob's Pillow Field Trip Authorization

I give permission for my child/ward \_\_\_\_\_ to attend The Nutmeg Ballet Conservatory's trip to Jacob's Pillow. Students will visit Jacob's Pillow in Beckett, MA, have a tour and see a performance on the Inside/Out Stage, weather permitting.

A fee of \$20.00 is required to cover the cost of the bus and tour. If your child is attending but not riding on the bus, a fee of \$5.00 is required for the tour.

My child  will attend  will not attend the field trip to Jacob's Pillow

My child will ride on the bus (fee of \$20.00)

My child will go on the tour but will not ride on the bus (fee of \$5.00)

Fees will be charged to your Jack Rabbit account *unless cash is turned in on the Opening Sunday at the front office window.*

I understand that Nutmeg will not be held liable for any injury, both physical and psychological, (including death), loss of property or other loss, incurred during any sponsored event, activity or field trip, and hereby indemnify and relieve Nutmeg and its staff (paid or volunteer) of any such liability. I authorize the Nutmeg Staff (paid or volunteer) to take any reasonable action designed to help ensure the safety, health and welfare of my child/ward, and absolve the staff of any liability relating to such actions.

This permission slip is valid unless revoked in writing by me/us.

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

\_\_\_\_\_  
Date



# FORMAL STUDENT/PARENT ACKNOWLEDEMENT OF THE NUTMEG BALLET CONSERVATORY STUDENT HANDBOOK

We, the undersigned, understand that this handbook contains important information for students, parents and guardians. We acknowledge that we have received a copy of The Nutmeg Ballet Conservatory Handbook (download from the website: [www.nutmegconservatory.org](http://www.nutmegconservatory.org)). We are aware that this Handbook contains information and policies for our review. We have reviewed the information and policies contained in this handbook and agree to comply with all rules, regulations, and policies stated in the handbook.

Instructions for returning this form:

- 1. Student and parent/guardian read and review handbook
- 2. Student and parent/guardian sign below (include date)
- 3. **New and returning students *must complete and return form.***

**Fax to:** ATTN of Housing Director @ 860-482-7614

**or email to:** [ktuck@nutmegconservatory.org](mailto:ktuck@nutmegconservatory.org)

**or turn in to Housing Director on Orientation Day**

\_\_\_\_\_  
Print Name of Student

\_\_\_\_\_  
Print Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed



## Code of Conduct Agreement

I have read the Nutmeg Code of Conduct and the Housing Rules Addendum  
and agree to abide by them.

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Signature of Student

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Date

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Signature of Parent/Guardian

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Date

# THE NUTMEG BALLET CONSERVATORY



## Parent/Guardian:

I, (please print) \_\_\_\_\_ as parent/ guardian of \_\_\_\_\_ grant my child permission to leave campus (either walking or driving with another student and/or parent) during breaks throughout the dance day (lunch, dinner, etc.). Students are asked to sign in and out each time they leave campus. I understand that The Nutmeg Ballet Conservatory can only be responsible for the safety and well-being of the students while they are on campus. The dancer and/or his/her parents will not hold The Nutmeg Ballet Conservatory, its faculty, staff or any other dancer liable in any way whatsoever for any injury or illness, however caused, that may occur to the student while away from the campus or any related or consequential costs or damages or for the loss of personal property.

- My child **is permitted** to leave The Nutmeg Ballet unescorted.
- My child **is NOT permitted** to leave The Nutmeg Ballet unescorted.

\_\_\_\_\_  
Signature of parent or guardian or student if over 18 years of age

Date: \_\_\_\_\_

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

Student Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_





## Day Student Information and Medical Release Form

page 1 of 2

Today's Date: \_\_\_\_\_

Student info to be completed by parent/guardian		
Name:		Birthdate:
Parent/Guardian:		Address:
Home Phone:	Cell Phone:	City:
Parent Work Phone:		State:                      Zip:
Parent Email:		Student Email:
Alternate Email:		Student Cell Phone:

Does the student carry an EpiPen?  Yes  No

If Yes, please download **EpiPen Form** from Nutmeg website for Physician to complete.

<b>Parent/Guardian Authorization:</b> In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by certified personnel (i.e., EMT, First Responder, E.R. Physician, Walk-In Clinic Physician).	
Family Physician:	Phone:
Address:	Preferred Hospital:
City:	State:                      Zip:
In case of emergency contact:	Relationship:
Phone:	Parent/Guardian Signature:

**To be completed by medical practitioner**

This student, \_\_\_\_\_ (student's name), is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

Measles	<input type="checkbox"/> yes	<input type="checkbox"/> no		Chickenpox	<input type="checkbox"/> yes	<input type="checkbox"/> no		Diphtheria	<input type="checkbox"/> yes	<input type="checkbox"/> no
Mumps	<input type="checkbox"/> yes	<input type="checkbox"/> no		Tetanus	<input type="checkbox"/> yes	<input type="checkbox"/> no		Pertussis	<input type="checkbox"/> yes	<input type="checkbox"/> no
Rubella	<input type="checkbox"/> yes	<input type="checkbox"/> no		Hepatitis B	<input type="checkbox"/> yes	<input type="checkbox"/> no		Polio	<input type="checkbox"/> yes	<input type="checkbox"/> no
Pneumococcal Conjugate	<input type="checkbox"/> yes	<input type="checkbox"/> no								

Please list any allergies/medical problems including those that require maintenance medication (i.e., diabetes, asthma):

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List any current medications and dosage:

Medication	Dosage

***The purpose of the above information is to ensure medical personnel have details of any medical problem that might interfere with treatment.***

Medical Care Provider: (Please Print) \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
**Physician's Signature** **Date**



## AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

Connecticut State Law and Regulations 1-212(a) require a written medication order of an authorized prescriber, (Physician, Dentist, Optometrist, Podiatrist, Advanced Practice Registered Nurse or Physician Assistant) and parent/guardian written authorization, for the nurse, or in the absence of a nurse, a designated teacher or staff member to administer medication.

**Over-the Counter Medications and Vitamins** also require a doctor's authorization before they are dispensed. Medications and Vitamins **must be in the original containers**, labeled with the child's name, name of medication, directions for administration as prescribed by a physician, and valid expiration date.

### TO BE COMPLETED BY PRESCRIBER *(Physician, Dentist, Optometrist, Podiatrist, APRN, PA)*

Time of Administration:  **Breakfast**  **Lunch**  **Dinner**  **Bedtime** **Other** \_\_\_\_\_

Specific Instructions for Medication Administration:  
\_\_\_\_\_  
\_\_\_\_\_

Start Date for Administering Medication: \_\_\_/\_\_\_/\_\_\_ Stop Date: \_\_\_/\_\_\_/\_\_\_

Relevant Side Effects of Medication: \_\_\_\_\_

Plan of Management for Side Effects: \_\_\_\_\_

Known Food or Drug Allergies?  **Yes**  **No** Reactions to?  **Yes**  **No** Interactions With?  
 **Yes**  **No**

**If Yes to any of above, please explain:**  
\_\_\_\_\_

Prescriber's authorization for Self-Administration of an Inhaler or Cartridge Injector for medically diagnosed allergy

**Yes**  **No**

Does Individual carry an Inhaler?  **Yes**  **No** Does Individual carry an EpiPen?  **Yes**  **No**

If **Yes**, an **EpiPen Form** is required and must be completed by physician.  **Yes**  **No**

Date: \_\_\_/\_\_\_/\_\_\_

Physician's (Prescriber) Signature

## TO BE COMPLETED BY PARENT/GUARDIAN

Parent/Guardian **Authorization for Self-Administration** of an Inhaler or Cartridge Injector for medically diagnosed allergy  Yes  No

- I have received, reviewed, and understand the above information. I hereby request the above medication be administered to my child/student as described and directed above.*
- I have administered at least one dose of the medication to my child without any adverse effects (with the exception of emergency medications).*

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_ Today's Date: \_\_/\_\_/\_\_  
—

Medication Name: \_\_\_\_\_

Expiration Date of Medication (**date must be current**): \_\_/\_\_/\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Parent/Guardian Name (Please Print)** **Date**

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



## EPI-PEN FORM

This is only required if your student has been prescribed one for use.

Student information to be completed by parent/guardian		
Name:	Birthdate:	Today's Date:
Parent/Guardian:	Address:	
Emergency Contact:	City:	
Phone:	Cell Phone:	State: Zip:

### TO BE COMPLETED BY MEDICAL PRACTITIONER:

EpiPen is for a -  Food Allergy Allergic to: \_\_\_\_\_

Other (Please Explain): \_\_\_\_\_

**Anaphylactic reaction can occur up to 2 hours following ingestion of a food allergen.**

Administer **adrenaline *before*** symptoms occur, IM

EpiPen Jr.     EpiPen Adult     Twinject Jr.     Twinject Sr.

Administer **adrenaline *if*** symptoms occur, IM

EpiPen Jr.     EpiPen Adult     Twinject Jr.     Twinject Sr.

Administer **Benadryl** -     tablet \_\_\_mg    or     \_\_\_tsp/\_\_\_

**Additionally:** \_\_\_\_\_

Administer \_\_\_\_\_     tablet \_\_\_mg    or     \_\_\_tsp/\_\_\_

Administer \_\_\_\_\_     tablet \_\_\_mg    or     \_\_\_tsp/\_\_\_

**Call 911**, transport to ER if symptoms occur for further evaluation, treatment, and observation x 4 hours

The severity of symptoms can change quickly. Potentially, symptoms of anaphylaxis can progress to a life-threatening situation.

Symptoms of Anaphylaxis: Chest tightness, cough, shortness of breath, wheezing, tightness in throat, difficulty swallowing, hoarseness, itchy mouth or skin, hives, swelling, stomach cramps, vomiting, diarrhea, dizziness, faintness, swelling of lips, tongue or throat

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of child (patient) can carry and self-administer  EpiPen,  Benadryl, or  Other \_\_\_\_\_  
(name of medication)

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

\_\_\_\_\_  
Date

# Insurance Information

Student Name:	
Address:	
City, State, Zip:	
Nutmeg Housing Phone: <b>860-307-3111</b>	Student Cell Phone:
Date of Birth:	Social Security #:

## Insurance Holder Information

Name:	
Address:	
City, State, Zip:	
Phone:	Work Phone:
Date of Birth:	
Social Security #:	
Relation to Camper/Student:	
Employer Name:	

## Insurance Information

Insurance Company:
Address:
City, State, Zip:
Phone:
ID #:
Group #:

## Emergency Contact Information

Name:	
Address:	
City, State, Zip:	
Phone:	Work Phone:
Relation to Camper/Student:	