



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 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 Request Form
- Jacob's Pillow Field Trip Authorization
- Student Handbook Acknowledgement Form
- Code of Conduct Acknowledgement Form
- Physician's Release (Please supply immunization records.)
- Authorization for Medication Form(s) (Only required if Nutmeg would be giving your child any medication, vitamin or supplement. If so, a form is needed **FOR EACH** one the child is bringing)
- *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. an EpiPen should also be given to Housing Staff for Emergency)
- Insurance Information Form
- Copy of Insurance Card (both sides) requested
- Individual Plan of Care Form (only required for a student with special health care need or disability). 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, EpiPen, Diabetes*)

To download form see next page for instructions

To download the **Individual Plan of Care** form, 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

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 3rd 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. Day students are invited to attend the Pizza Party.

Airport Pickup

Contact Karen Tuck if your child needs to be picked up at the Hartford airport (BDL) at least *2 weeks prior* to their travel date. ktuck@nutmegconservatory.org



TRANSPORTATION FEES (Airport pickups / Drop-offs)

If you would like your child to be transported from/to **Bradley International Airport (BDL)** and Nutmeg, please send an email to: ktuck@nutmegconservatory.org.

Please include the following information:

- Name of student, age, and student's cell phone number,
- Date of transport
- Name of airline
- Flight itinerary (including flight numbers, transfer locations, departure and arrival times)
- Include note if your child is travelling as an unescorted minor and needs to be picked up or taken to the gate (We will send you driver's information to give to airline)

If other students arrive within an hour, they will be transported together. Parents will save money according to how many students are sharing the ride. **IT IS IMPORTANT** to notify the Housing Director at **860-307-3111** if a delay is encountered along the way as it might affect the scheduling of the driver with other students. Additional charges may be added for time driver spends waiting for a delayed flight (see "Wait Time" below).

TRANSPORTATION FEES** (Effective 2/10/18):

One way to or from **BDL Airport** or **Hartford Train or Bus station**:

One student.....\$62.00 Two students.... \$42.00ea Three or more students....\$37.00

Transportation can also be arranged to *or* from **Waterbury Train Station**.

One student.....\$32.00 Two students.....\$18.00ea Three or more students.....\$14.00ea

***WAIT TIME:** \$15/hr. A fee for wait time is incurred, for example, when a flight is delayed after the driver has already left for airport. A "wait time" charge will be added if a child is too young to fly alone and we need to pick them up inside the terminal. A "wait time" charge will apply for departing flights of a student travelling as an unescorted minor if driver is required by airline to wait for a plane to take-off before leaving the airport.

If a student is responsible enough to collect their baggage and meet the driver curbside (outside the baggage claim area), then a *Wait Time** fee would only be charged in the case of a delayed flight.

PARKING: If the driver needs to park to go in to the airport the cost of the Parking Ticket will be added. (Cost varies according to length of time parked.)

Once the Housing Director has received the transportation requests, you will be notified if your child is expected to share the ride and sent information regarding the driver (picture & cell phone number). An email will be sent to the parent after transportation is completed if any additional wait time/charges apply.

Payments may be made through the **Jack Rabbit** portal or by a check made out to:

Nutmeg Conservatory. Send it to Nutmeg **to the attention of the Housing Director:** Karen Tuck.

**Fees subject to change if gas prices increase



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):

June Program

Check one: Resident Student

Day Student

July Program

Check one: Resident Student

Day Student

August Program

Check one: Resident Student

Day Student

Gluten Free **Vegetarian** **Lactose Intolerant** **Other** _____

Briefly explain _____

My child is allergic to the following foods: _____

The student carries an **EpiPen** (Note: Student **must** carry EpiPen to all meals and on Field Trips.)

Parent signature: _____ Parent Email: _____

Email to: 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). 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

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

Date



Code of Conduct Agreement

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

Signature of Student

Date

Signature of Parent/Guardian

Date



Physician's Form

All students must have this form completed and returned to The Nutmeg Ballet Conservatory prior to the start of the program. Your physician may also use his own form if it covers all the areas below.

Student Information to Be Completed by Parent/Guardian			
Name:	Birth date:	Today's Date:	
Parent/Guardian:	Address:		
Emergency Contact:	City:		
Phone:	Cell Phone:	State:	Zip:
Does the individual carry an EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please download EpiPen Form from Nutmeg website for Physician to complete.			

TO BE COMPLETED BY MEDICAL PRACTITIONER:

- May participate in all school activities: _____
- May participate except for: _____

Medical information pertinent to routine care and emergencies:

Is this individual taking prescription, over-the-counter medication(s) or vitamins?

Yes **No** If Yes, list names: _____

Does the individual have allergies? **Yes** **No** If Yes, list: _____

Is the individual on a special diet? **Yes** **No** If Yes, explain: _____

The student/staff 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				

Medical Care Provider Name *(please print)* _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Physician's Signature: _____ Date _____

(Please include copy of immunization records with form)



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 Signature

____/____/____
Date



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: 860-307-3111	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:	