



# Day Student Information and Medical Release Form

58 Main Street, Torrington, CT 06790 Phone: 860-482-4413 Fax 860-482-7614

Today's Date:			
Name:	Date of Birth:	Age:	Grade:
Address:			
City:	State:	Zip:	
Home Phone:	Student Cell:	Student Email:	
Parent Cell:	Parent Work Phone:	Parent Email:	
Emergency Contact Name:		Emergency Contact Phone:	
Allergies:		Current Medications:	
Does the student carry an EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please print <b>EpiPen Form</b> for Physician to complete.	

## Parent/Guardian Authorization:

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:	Alternate Phone:	

**Signature of Parent/Guardian or Student if over eighteen (18) years of age**

### To be completed by Physician or Medical Practitioner

May participate in all school activities  May participate except for: \_\_\_\_\_

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	<i>Please include copy of Immunization Records</i>	

Medical Care Provider Name (please print) \_\_\_\_\_

**Signature of Physician**

Date



## MEAL REQUEST FORM

MUST BE SIGNED AND RETURNED FOR ALL STUDENTS  
(Information for Day Students required for *Special Events only*.  
Daily Meal Plan is not available for Day 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: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

My child will be attending the following Yearround Program:

Check one:  Resident Student  Day Student

### Special Request Dietary Need:

Check one if applicable:

Gluten Free  Vegetarian  Vegan  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](mailto:ktuck@nutmegconservatory.org)

or

Fax to: 860-482-7614



## General Field Trip Authorization

I give permission for my child/ward (print) \_\_\_\_\_ to attend The Nutmeg Ballet Conservatory's Field Trip(s) for the 2018-2019 schoolyear.

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

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



## 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 must **read and review handbook**
2. Student and parent/guardian sign below (include date)
3. New and returning students must complete and return form
4. Fax to: ATTN of Housing Director @ 860-482-7614 or  
email to: [ktuck@nutmegconservatory.org](mailto:ktuck@nutmegconservatory.org)

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Print Name of Student

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Date

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Signature of Student      Signature of Parent/Legal Guardian

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Print Name of Parent/Legal Guardian

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Date

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Signature of Parent/Legal Guardian



## 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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Print Name of Student

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Date

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Signature of Student Signature of Parent/Legal Guardian

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Print Name of Parent/Legal Guardian

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Date

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Signature of Parent/Legal Guardian



## Permission to Leave Nutmeg Building

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.

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

Signature of parent or guardian *or* student if over 18 years of age



# 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:	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  Auvi-Q  Twinject Jr.  Twinject Sr.
- Administer **adrenaline** if symptoms occur, IM  
 EpiPen Jr.  EpiPen Adult  Auvi-Q  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

<p><b>The severity of symptoms</b> can change quickly. Potentially, symptoms of anaphylaxis can progress to a life-threatening situation.</p>	<p><b>Symptoms of Anaphylaxis:</b> 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</p>
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\_\_\_\_\_  
 Physician's Signature Date

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





## Other information:

If your child has a special health care need or disability please download and return the 2 sided

### **Individual Plan of Care Form**

(Instructions for printing the 2-sided form are on our website)

It 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)

## **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](mailto: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. (See **Transportation Fees** which are charged through Jack Rabbit after trip to/from Nutmeg has been completed).

Email:

[ktuck@nutmegconservatory.org](mailto:ktuck@nutmegconservatory.org)

## **Dresscode**

Items can be ordered through The Nutmeg Dance & Boutique.  
A list will of 2018-2019 Dresscode will be posted on our website when it becomes available.

Danceshop Phone: 860.482.4413 ext. 316 or Email :[danceshop@nutmegconservatory.org](mailto:danceshop@nutmegconservatory.org)



## Form checklist for Day Students

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

- Day Student Information & Medical Release Form
- Please supply immunization records
- Meal Request Form (needed for Special Events)
- General Field Trip Authorization
- Student Handbook Acknowledgement Form
- Code of Conduct Acknowledgement Form
- Permission to Leave Nutmeg Building
- \*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).
- Insurance Information Form
- Copy of Insurance Card (both sides) requested
- Individual Plan of Care Form - ***2-sided form download separatley***  
(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: Asthma, EpiPen, Diabetes)