



# EMERGENCY MEDICAL 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 Prescription Medications, Over-the Counter Medications and Vitamins:			
Medical Insurance Company:	Insurance Co Phone:	Policy Number:	
Medical Insurance Company Address (St., City, Zip):			
Insured's Name:		Coverage Dates:	

### Release of Claim and Treatment Authorization Section

I grant my child or ward permission to participate in Nutmeg Conservatory for the Arts' (Company) current semester/year. Additionally, I authorize the Company, as my agent, to give consent to medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician, and I am unable to give such consent. I hereby release the Company and its employees from all claims against Nutmeg Conservatory for the Arts for all personal injuries arising from the employees' actions with respect to any emergency treatment that may be required for my child or ward during the semester/year.

**I, the undersigned, have completed, read and understand all terms of the above Release/Authorization:**

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

\_\_\_\_\_  
**Print Name** of Parent/Guardian or Student



## 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



## 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 complete and return the <b>EpiPen Form</b> .			

### 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 (Include Dosage): \_\_\_\_\_

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

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

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

Physician’s (Prescriber) Signature

**TO BE COMPLETED BY PARENT/GUARDIAN :** Today’s Date: \_\_\_/\_\_\_/\_\_\_

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).

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

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

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

Parent/Legal 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:	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)



## TRANSPORTATION FEES

(BDL Airport Pickups / Drop-offs / Waterbury or Hartford Train/Bus Station)

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 (station) 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). Charges will be made through Jack Rabbit after transportation is completed and it will be noted if any additional wait time/ charges apply.

Payments may be made through the Jack Rabbit portal *or* if no credit card is on file, a check made out to **Nutmeg Conservatory** may be sent to the attention of the Housing Director: Karen Tuck.



## Form checklist

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

- Emergency Medical Form
- Meal Request Form
- General 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 - ***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: Gluten-Free Diet, Asthma, EpiPen, Diabetes)