Pacetti Bay's 3rd Annual Summer Art Camp

(Open to Students Going into 4th-12th Grade)

Our purpose: Our camp aims to encourage students to discover and refine their artistic talents in an inspiring, educational, and enjoyable virtual art space.

Where: Virtual Platform TBD. A Camp Supply Bag Will Be Available for Pick Up at PBMS. Details will be Announced Soon After We Have Enough Participants.

Session: Mon - Fri 7/20—7/24

All Virtual camp days are going to be live from 8:30am — 12:00pm

A minimum of 11 participates are required to host camp.

Cost : $100.00 (Please make checks payable to PBMS)

Student's Name: (please print)____

Parent's Name:____

Home:_________________ **Work:**__________________ **Cell:**__________________

Email:

____

Please list any health issues/allergies below:

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Registration and Payment must be turned in to Mrs. Henry, or mailed to the school by ***July 15th***.

Applications will be accepted on a First-Come, First-Serve basis.

MEDICAL INFORMATION FORM

(Required for any student requiring medication or medical attention)

Child's Name: ____

Date of Birth: ____

Health Insurance Provider and # of Medical Plan: ____________________________________

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Doctor's Name & Phone #:____

Parent's Contact Number: Cell:______________ **Work:** ______________**Other:**______________

If parents cannot be reached in an emergency, please contact:

Name: _______________________________**Phone #:** _____________________________

LIST ANY AILMENTS, DISABILITIES OR PROBLEMS INVOLVING YOUR CHILD WHICH MIGHT AFFECT HIS/HER PARTICIPATION.

Asthma________________

Allergies_______________

Bronchitis______________

Bed Wetting_____________

Diabetes ___________

Ear Infection________

Epilepsy___________

Heart Disease_______

Nightmares______________

Sinus___________________

Sleepwalking _____________

Other ___________________

Information of which sponsors should be aware:

1. Unusual reactions or allergies to drugs.
2. Special care needed while on activity.
3. Special instructions to medical personnel if emergency care is needed.
4. Significant health problems of student.

All prescription and non-prescription medication to be administered by trained school personnel during the field study must have an Authorization to Administer Medication form signed by both the parent/guardian and the physician ordering the medication if not already on file in the school clinic. All medication must be received in the original container with current Rx label including student's name, dosage, and frequency of administration, physician's name, and expiration date of medication. All non-prescription medication in the possession of students at the middle and high school level not administered by school personnel must be in the original container and requires written permission from the parent to the school.

All medication and required documentation must be cleared through the **School Clinic** prior to the field study**.**

Name of Medicine: ____

What it is to be used for: ____

How it is to be given: ___________________Quantity to be given: ____________ Time to be given: ________

Parent's Signature ____

IN CASE OF EMERGENCY: I hereby request the physician/emergency team selected by the supervisor provide treatment for my child named above.

Name: (Print) ____

Parent's Signature: _______________________________ **Date:** ______________________

Board Approved 8.12.14 (Revised October 2017)