



Summer Venture
For Rising 6th Graders at
Pacetti Bay Middle School



A rewarding opportunity for students to make new friends and be introduced to the world of middle school. Programs for girls and boys, with blended activities as well. After this unique experience, students will be accustomed to our building, have an understanding of the middle school schedule, master the use of lockers, and acquire special bonds with several staff members. This **one-day camp** will be an exciting opportunity to learn more about middle school while experiencing lots of **FUN, FUN, FUN!!!** (Questions? Call Pacetti Bay at 547-8760)

Please circle one date: Thursday, July 21 Friday, July 22 Tuesday, July 26
Time: 8:00am – 12:00pm **Location:** Pacetti Bay Middle School

COST: \$50.00 per student

To pay for camp, please use the School Pay link below that corresponds with the chosen camp date. Checks and Cash are not accepted.

Thursday, July 21 <https://www.schoolpay.com/pay/for/Rising-6th-Grade-Summer-Venture-July-21s/Sb179m1>

Friday, July 22 <https://www.schoolpay.com/pay/for/Rising-6th-Grade-Summer-Venture-July-22n/Sb88CPh>

Tuesday, July 26 <https://www.schoolpay.com/pay/for/Rising-6th-Grade-Summer-Venture-July-26t/Sedeo14>

Student's Name: (Please print) _____

Please circle student's t-shirt size: YL YXL SM MED LRG XLRG

Registration is due by June 28th to reserve the t-shirt size of your choice.

After June 28th, camper t-shirts may not be available.

Parent's Name: (Please print) _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Email: _____

Important Information:

- Students should bring a snack and a drink. (Water fountains are available to refill water bottles)
- Please complete **MEDICAL FORM** on reverse side
- Applications accepted on a First-Come, First-Served 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: _____

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: _____