



Pacetti Bay Middle School will be offering a Summer Theatre camp to all **rising** 6th - 9th graders!!! Mrs. Russell, PBMS Theatre Director, and Mrs. Stone, Gamble Rogers Theatre Director, will Co-Direct this project to benefit the Theatre Department!!!

June 10 – 14, 2019
9:00am - 2:00pm

*Students will perform scenes, songs and dances from various musicals in a **workshop format** to be presented to family & friends on the Friday, at 2:00 p.m. in the auditorium.

**Total cost, including registration, is \$120 for the week.
The camp is limited to 32 participants.**

Questions may be **emailed to Mrs. Russell at renata.russell@stjohns.k12.fl.us**.
Applications due by June 1, 2019 to reserve your spot in the camp. Please return to Renata Russell at Pacetti Bay Middle School. All checks must be made payable to the school, and please list two phone numbers on your check.

*A minimum of 20 participants is required to host camp.

Summer Theatre Camp at Pacetti Bay Middle School

June 10-14, 2019

Student Name: _____ Rising Grade: 6 7 8 9
(Circle one)

Parent Name: _____

Email: _____

Cell Phone: _____

Home/Work Phone: _____

Emergency contact, if parent unavailable: _____

Phone: _____

Family Physician: _____

Phone: _____

Health Insur. Provider _____ Policy# _____

Phone Number: _____

My student requires medication and/or medical attention: YES ____ NO ____

If yes, you must complete the Medical Information Form (obtained from the activity supervisor) and provide the medication to the personnel trained to administer the medication.

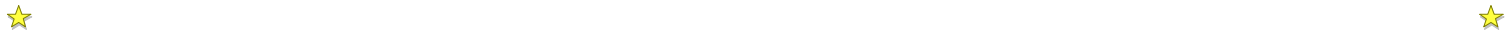
_____ Date _____

Signature of Parent/Guardian

Date Received: _____

Payment: Cash _____ Check _____

Check # _____



MEDICAL INFORMATION FORM *Required for students requiring medication or medical attention.*



★ **Child's Name:** _____



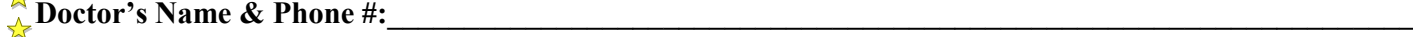
★ **Date of Birth:** _____



★ **Health Insurance Provider and # of Medical Plan:** _____



★ **Doctor's Name & Phone #:** _____



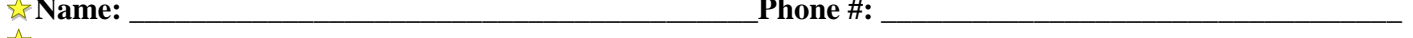
★ **Parent's Contact Number: Cell:** _____ **Work:** _____ **Other:** _____



★ **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.**

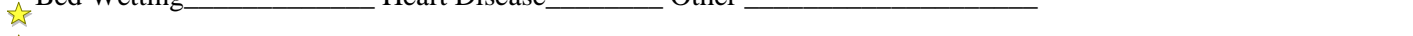


★ Asthma _____ Diabetes _____ Nightmares _____

★ Allergies _____ Ear Infection _____ Sinus _____

★ Bronchitis _____ Epilepsy _____ Sleepwalking _____

★ Bed Wetting _____ Heart Disease _____ 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

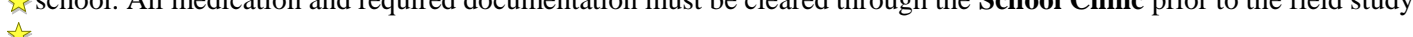
★ the medication if not already on file in the school clinic. All medication must be received in the original container with

★ 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:** _____

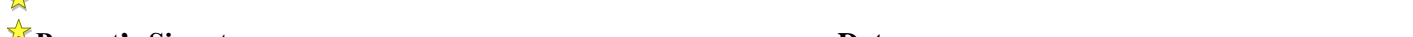


★ **IN CASE OF EMERGENCY:** I hereby request the physician/emergency team selected by the supervisor provide

★ treatment for my child named above.



★ **Name: (Print)** _____



★ **Parent's Signature:** _____ **Date:** _____

