



**Two-Day 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 will be an exciting opportunity to learn more about middle school while experiencing lots of FUN, FUN, FUN!!!!!! (Questions? Call Pacetti Bay at 547-8784)

Date: Thursday and Friday - July 23<sup>rd</sup> and 24<sup>th</sup>, 2020

Time: 9:00am – 1:00pm

Location: Pacetti Bay Middle School

**COST:** \$80.00 (Please make checks payable to Pacetti Bay Middle School)

**Students should bring a sack lunch/drink, a mask to use when  
unable to distance, and a bottle of water**

Will your child need bus transportation? \_\_\_\_\_ Yes \_\_\_\_\_ No (request due by June 28th)

If YES, please provide your address: \_\_\_\_\_  
\_\_\_\_\_

**Student's Name:** (Please print) \_\_\_\_\_

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

***Must turn in registration by June 28th to reserve the t-shirt size of your choice.***

***Otherwise, it will be what we have in stock.***

Parent's Name: \_\_\_\_\_

PHONE NUMBERS:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Please list any health issues/allergies below (complete back of form)

**Mail to: Pacetti Bay Middle School (Attn: Pam Henry) 245 Meadowlark Lane, St. Augustine, FL 32092  
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: \_\_\_\_\_