

# Application for 2009 Summer Dance Intensive

Please fill out application form completely and accurately. **PRINT CLEARLY in Black Ink ONLY**

**DANCERS!** Your application must include:

- Dance resume photo (No costumes, please. First arabesque profile, ladies-en pointe / men-en demi pointe) NO larger than 3" x 5"
- 2 Copies of a Head Shot Photo (can be same) NO larger than 3" X 5"
- \$50 (non-refundable) application fee
- Applications received after May 29, 2009: Full payment plus additional \$100 processing fee.**

**Permission from Workshop Director must first be obtained before submitting application after May 29, 2009.**

- Please check one:**
- Two weeks, Arrive June 27 – Depart July 11
  - Two weeks, Arrive July 11 – Depart July 25
  - Four weeks, Arrive June 27 – Depart July 25

Name \_\_\_\_\_ Prefer to be called \_\_\_\_\_

Age on June 27, 2009 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Returning Student:  Yes  No

Height \_\_\_\_\_ Weight \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Parent Daytime/Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address to which you want account statements sent: \_\_\_\_\_

Church Denomination \_\_\_\_\_

Dance Training (ballet, jazz, etc & # of years) \_\_\_\_\_

Current Dance School and address: \_\_\_\_\_

Years of Ballet Since Age 8 \_\_\_\_\_ Years on Pointe \_\_\_\_\_

T-Shirt Size (ADULT SIZES):  Small  Medium  Large  Extra Large

If 18 or over, person responsible for payment of account:  Student  Parent

I Will Need Housing:  Yes  No Roommate Requested: \_\_\_\_\_

If you are requesting a roommate:

- × He/she must be within 2 years of your age
- × You can submit only 1 name
- × He/she must be attending same session (a 2-week student and 4-week student cannot room together)
- × Ballet Magnificat! must receive both application packets together in one mailing. The only exception to this is if you live in different cities. Then your packets must arrive with a letter stating this fact and the two application packets must then arrive within 7 days of each other.

How will you be arriving:  Car  Airplane Other: \_\_\_\_\_  Undecided

How did you hear about Ballet Magnificat! and the Workshop?  Company performance  Internet  
 Friend  Ballet school  Magazine, which one \_\_\_\_\_

I understand that students are expected to maintain the highest standards of conduct at all times. As a participant in the Ballet Magnificat! Summer Workshop, I will be willing to adhere to the guidelines and rules of the workshop.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's/Guardian's Signature (if student is under 18)

**Letter of acceptance/denial is e-mailed within a week of receipt of application.  
Students accepted into the summer program must submit the Additional Registration Forms.  
ALL forms, including Transportation Form, are due by May 29, 2009.**

## Payment Information

Accounts must be paid in full by May 29, 2009 – no exceptions.

**\$100 late fee** charged if ALL forms and ALL payments are not received by May 29th.

Fees may be paid in installments.

### Installment Payments:

1. If your application is received prior to March 1, you may pay the balance in 3 equal installments (March 1, April 1 and May 1)
2. If your application is received after March 1 but before March 31, please pay the application fee plus the first installment, with the remaining two installments due on April 1 and May 1.
3. If your application is received after March 31 but before April 30, please pay the application fee plus the first two installments, with the remaining installment due May 1.
4. A \$10 late fee is charged for late installment payments.
5. If your application is received after April 30, please pay application fee plus full balance.

A.  Check enclosed:

Do *not* postdate checks. They are processed upon receipt. A fee of \$25 is charged for returned checks.

B.  Credit Card Payments:

Application fee and installments may be paid by VISA, MasterCard, American Express or Discover.

If charging, fill out information below and check all that apply:

1.  Charge \$50 registration only and
  - a.  Other payments will be made by check or I will notify you to run credit card payment
  - b.  Process 1<sup>st</sup>, 2nd and 3rd credit card payments on the 1<sup>st</sup> of March, April and May.
2.  Charge \$50 application fee + first month's installment
  - a.  Other payments will be made by check or I will notify you to run credit card payment.
  - b.  Process 2nd and 3rd credit card payments on the 1<sup>st</sup> of April and May.
3.  Charge \$50 application fee + first two months' installments
  - a.  Final payment will be made by check or I will notify you to run credit card payment.
  - b.  Process 3rd credit card payment on the 1<sup>st</sup> of May.
4.  Charge \$50 application fee + full balance

Application Fee	\$50			
Session	Room and Board	Tuition	Materials/Activity Fee*	
<b>2 Weeks</b>	<b>\$ 799</b>	<b>\$579</b>	<b>\$10</b>	<b>\$1,388</b>
<b>4 Weeks</b>	<b>\$1,499</b>	<b>\$995</b>	<b>\$30</b>	<b>\$2,524</b>

Refunds made after May 29, 2009, are subject to a \$375 cancellation fee. Refunds of payments made by credit card are subject to 3% refund fee.

No refunds will be issued if we do not receive cancellation notification by the Thursday preceding your arrival day.

**Mail to: Ballet Magnificat! Summer Intensive, 5406 I-55 North, Jackson, MS 39211**

# PLEASE KEEP THIS PAGE FOR YOUR RECORDS

Date Application Mailed \_\_\_\_\_

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Installment Payments:

1. If your application is received prior to March 1, you may pay the balance in 3 equal installments (March 1, April 1 and May 1)
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3. If your application is received after March 31 but before April 30, please pay the application fee plus the first two installments, with the remaining installment due May 1.
4. A \$10 late fee is charged for late installment payments.
5. If your application is received after April 30, please pay application fee plus full balance.

A.  Check enclosed: **Date and # of Check:** \_\_\_\_\_  
Do *not* postdate checks. They are processed upon receipt. A fee of \$25 is charged for returned checks.

B.  Credit Card Payments:

Application fee and installments may be paid by VISA, MasterCard, American Express or Discover.

If charging, fill out information below and check all that apply:

1.  Charge \$50 application fee only
  - a.  Other payments will be made by check or I will notify you to run credit card payment
  - b.  Process 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> credit card payments on the 1<sup>st</sup> of March, April and May.
2.  Charge \$50 application fee + first installment
  - a.  Other payments will be made by check or I will notify you to run credit card payment.
  - b.  Process 2<sup>nd</sup> and 3<sup>rd</sup> credit card payments on the 1<sup>st</sup> of April and May.
3.  Charge \$50 application fee + first two installments
  - a.  Final payment will be made by check or I will notify you to run credit card payment.
  - b.  Process 3<sup>rd</sup> credit card payment on the 1<sup>st</sup> of May.
4.  Charge \$50 registration + full balance

Application Fee	\$50			
Session	Room & Board	Tuition	Materials/Activity Fee*	
2 Weeks	\$ 799	\$579	\$10	\$1,388
4 Weeks	\$1,499	\$995	\$30	\$2,524

Refunds made after May 29, 2009, are subject to a \$375 cancellation fee. Refunds of payments made by credit card are subject to 3% refund fee.

No refunds will be issued if we do not receive cancellation notification by the Thursday preceding your arrival day.

## **FILLING OUT YOUR ADDITIONAL FORMS**

**The following forms on Pages 5 – 13 are to be completed and returned to Ballet Magnificat! AFTER you receive your Acceptance Letter, but no later than May 29.**

Pages 11-12 are to be given to your Dance Teacher to be mailed to us separate from your forms. Please give your teacher a stamped envelope to mail the form in, made out to us, at the address below.

Read through the information thoroughly before you fill out the additional forms.

Be sure to fill out each form COMPLETELY. Different people will see different forms, so YOUR FULL NAME MUST BE ON EACH ONE OF THEM.

Please mail (DO NOT FAX) the completed forms as one complete packet back to us by May 29, 2009, at the following address.

Summer Dance Intensive  
Ballet Magnificat!  
5406 I-55 North  
Jackson, MS 39211-4094

Be sure to include the following forms in one package:

- Cover Sheet, page 5
- Student Biographical Sketch, page 6
- Photo/Videography Release, page 7
- Medical Emergency Release, page 8
- Physician's Release, page 9
- Transportation Form, page 10



## 2009 Summer Intensive Workshop Registration Forms

### Cover Page

1. Please print all information and place this page on top of your forms when mailing in.
2. All forms must be completed in black ink **ONLY**.
3. \$100 Late Fee if **ALL** payments and **ALL** forms are not received by **May 29th**.
4. **MAIL FORMS IN ONE COMPLETE PACKET** (except Teacher's Eval form)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_  
(This email address will be used for sending account statements and payment confirmations.)

- Session:  1<sup>st</sup> 2 weeks - Arrive June 27 - Depart July 11
- 2<sup>nd</sup> 2 weeks - Arrive July 11 - Depart July 25
- 4 weeks - Arrive June 27 - Depart July 25

How are you arriving?  Car  Airplane  Other: \_\_\_\_\_

1. **PLEASE** send in your forms as soon as possible in one complete packet (except teacher's form).
2. Students - Do not fax your forms. Teachers may fax their evaluation forms.
3. **PLEASE** complete the Transportation Form and **DO NOT** send us your airline paperwork.
4. Forms **MUST** be in black ink and submitted in one packet with this cover sheet on top.
5. \$100 fee will be charged on accounts that are not paid in full or have not submitted **ALL** forms by **May 29th**.
6. If we have not received your fees and/or forms by **May 29th**, we will assume that you are not attending, will not assign you a room, and will move you to our inactive files.
7. A cancellation fee of \$375 will be charged for cancellations after **May 29th**. Refunds of payments made by credit card are subject to 3% refund fee.

**Student Biographical Sketch (Due May 29)**

Name: \_\_\_\_\_ | \_\_\_\_\_  
Last First Middle Prefer to be called

Do you have any medical problems that we should be aware of? \_\_\_\_\_ YES \_\_\_\_\_ NO

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Bringing Cell Phone with You? \_\_\_ Yes \_\_\_ No

Bringing Computer with You? \_\_\_ Yes \_\_\_ No

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Parents are:  Married  Divorced Student lives with:  both parents  mother  father  guardian

Brothers/Sisters & Ages: \_\_\_\_\_

Church Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

School currently enrolled in: \_\_\_\_\_

This is a:  Public School  Private School  Home School Current Grade: \_\_\_\_\_

Do you plan to attend college?  yes  no If yes, where? \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Projected Start Date: \_\_\_\_\_

- Favorite scripture(s): \_\_\_\_\_
- Last book(s) read: \_\_\_\_\_
- Favorite movie(s): \_\_\_\_\_
- Hobbies: \_\_\_\_\_
- If you could go anywhere in the world, where would it be and what would you do? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What do you hope to gain from this workshop? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- How did you hear about this workshop? \_\_\_\_\_

**RULES AGREEMENT**

I will work to prepare my body for the significant physical demands of this workshop.  
 I understand that the staff, teachers, and counselors are in a place of authority for my benefit and protection and I will honor their leadership while I am attending this workshop.  
 I will take all complaints or problems to my counselor first before calling my parents.  
 If I have a complaint or other difficulty regarding my class level, I will talk with my counselor first.  
 I realize there will be people from many different backgrounds attending this workshop and I will show respect for all.  
 I understand that there will be no dating or pairing off with the opposite sex during the course of this workshop.  
 I plan to enjoy this workshop and to have a great time.

Signature of Applicant: \_\_\_\_\_

If under 18 - I have read and affirm the accuracy stated above.

Signature of Parent: \_\_\_\_\_

**Photo/Videography Release (Due May 29)**

Dear Student and Parent:

We often update our website and promotional materials and may use some pictures and video footage from previous workshops. Pictures and video footage may be used in future brochures and other publications representing classroom and general workshop settings. Photos and videography would never be intentionally used in such a way to reflect negatively on their subjects. Please read and sign the release below.

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**R E L E A S E**

I, \_\_\_\_\_ (Print student name), grant to Ballet Magnificat!, its employees, agents, and assignees, the right and permission to make, reuse, and/or publish photographic pictures or video tapings of me, which may be used in connection with my own or a fictitious name, for any purpose whatsoever including the use of any printed matter. I waive any right to inspect or approve either the finished photograph or video or the printed matter or video with which it may be used in conjunction.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

I certify that, as parent and/or guardian of the above-named student, any photographs which have been or are about to be taken by Ballet Magnificat! may be used for the purposes stated above.

Parent or Guardian's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

# CONFIDENTIAL RECORD Medical Emergency Release (Due May 29)

Please fill out completely. Parent is called immediately if student must be taken to the doctor.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Insured's Name and Date of Birth: \_\_\_\_\_

REQUIRED: Photocopy of current insurance card - attached 8 1/2 x 11 w/front and back of card.

Current Physician's Name (please print): \_\_\_\_\_

Physician's Office Phone: (\_\_\_\_) \_\_\_\_\_ After-hours emergency #: (\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT (This is the person we will call if we must take student to the doctor):**

Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

**CREDIT CARD INFORMATION**

Card Type:  Visa  Mastercard  American Express  Discover Name on Card \_\_\_\_\_

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Credit Card Authorization Signature: \_\_\_\_\_

> Describe any injuries in the last year: \_\_\_\_\_

> Please list any/all allergies: \_\_\_\_\_

> Any presently existing or persistent condition/infection? (i.e. asthma, bursitis, etc.) \_\_\_\_\_

> Please list any medications you are currently taking: \_\_\_\_\_

> Have you ever had an eating disorder? (If yes, please explain.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

> Are you on a special diet of any kind? (If yes, please explain.) \_\_\_\_\_

**CONSENT FOR TREATMENT**

I/We hereby agree to the performance of such treatment, anesthetics, and operations on the above-named person as deemed necessary by the attending physician.

\_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_  
Signature of Parent/Guardian (if applicant is under 18)

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

**LIABILITY RELEASE**

I/We hereby release Ballet Magnificat! and Belhaven College, their agents, employees, and volunteer assistants, from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by the above-named person during the Summer Workshop.

\_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_  
Signature of Parent/Guardian (if applicant is under 18)

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

**\*\*This form to be filled out by the Student's physician or healthcare practitioner responsible for student's health and well-being.\*\***

Student's Name: \_\_\_\_\_

The above named Student has applied for participation in Ballet Magnificat's 2009 Summer Dance Intensive. This program will require good health and endurance. Please fill out the form below and make any additional comments. Thank you.

1. Would he/she be able to participate in daily dance classes (4 - 6 hours)?  yes  no (if no, explain) \_\_\_\_\_

2. Is he/she under a doctor's care at this time for any reason, or is he/she taking any medications?  
 yes  no (if yes, explain) \_\_\_\_\_

3. Is he/she on a special diet?  yes  no (if yes, explain) \_\_\_\_\_  
 Any eating disorders? \_\_\_\_\_

4. Has he/she had any problems with any of the following:

<b>ALLERGIES:</b>	<b>YES</b>	<b>NO</b>			<b>YES</b>	<b>NO</b>
Penicillin				Back Problems-		
Sulfonamides				<b>FEMALES ONLY</b>		
Serum				Irregular periods		
Food - please specify				Severe cramps		
Other - please specify				Excessive flow		

5. Would you consider the applicant to be in generally good health? \_\_\_\_\_

Please use the back of this form to make any additional comments regarding the applicant's health or special limitations affecting physical, mental or emotional capabilities.

Print Name: \_\_\_\_\_ Physician \_\_\_\_\_ Nurse Practitioner \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

How long have you been the Applicant's healthcare provider? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

**Transportation Form** (Due May 29 - Late Fee applies after this date  
DO NOT send or email ticket information- you MUST complete this form)

Name: \_\_\_\_\_

AIRPLANE                      **Greyhound**                      **Auto**                      **Amtrack**

**UNACCOMPANIED MINOR** – This does not mean that you are a minor who is flying, but does mean that the airline you are flying with considers you an official Unaccompanied Minor and you will be released, when you arrive, to a designated person only and must have an adult check you in and sit with you until you board when departing. Usually the airline charges a fee for this service. Check this block ONLY if you fall within this classification.

**UNACCOMPANIED MINOR**

**For Unaccompanied Minors ONLY: Call the office for the name of the person who will greet you at the airport.)**

Please fill out the following COMPLETELY, listing all connecting flights.

**TRIP TO JACKSON:**      **Airline:** \_\_\_\_\_

(circle either am or pm time)

Departure Date:	Departure Time:	Flight # (bus/train #):	From (city):	To (city):	Arrival Time:
	AM/PM				AM/PM
	AM/PM				AM/PM
	AM/PM				AM/PM

**TRIP HOME:**                      **Airline:** \_\_\_\_\_

(circle either am or pm time)

Departure Date:	Departure Time:	Flight # (bus/train #):	From (city):	To (city):	Arrival Time:
	AM/PM				AM/PM
	AM/PM				AM/PM
	AM/PM				AM/PM

**EXAMPLE: airline: Northwest**

Departure Date:	Departure Time:	Flight# (bus/train #):	From (city):	To (city):	Arrival Time:
<b>Trip to Jackson:</b>					
MM/DD	8:30 AM	2308	Denver, CO	Houston, TX	10:00 AM
MM/DD	1:15 PM	1462	Houston, TX	Jackson, MS	2:45 PM
<b>Trip Home:</b>					
MM/DD	9:15 AM	2596	Jackson, MS	Houston, TX	10:45 AM
MM/DD	12:00 PM	3404	Houston, TX	Denver, CO	3:30 PM

**AUTO**, riding with:  Parents     Other: \_\_\_\_\_

**Arrival in Jackson: Date:** \_\_\_\_\_      **Estimated Time of Arrival:** \_\_\_\_\_ **AM/PM**

**Departure from Jackson: Date:** \_\_\_\_\_      **Estimated Time of Departure:** \_\_\_\_\_ **AM/PM**

- YES**, I will need transportation **FROM AND TO** the airport/station (PARTICIPANTS ONLY).
- YES**, I will need **SPECIAL ASSISTANCE** with my transportation and have written an explanation on the back.
- NO**, I will **NOT** need Ballet Magnificat's transportation assistance on arrival/departure days.
- Yes     No    If you are 18 or older, will you have your own car on campus?

# Ballet. *Magnificat!*



5406 I-55 North  
Jackson, MS 39211

(phone) 601-977-1001  
(fax) 601-977-8948

Dear Teacher,

\_\_\_\_\_ has applied to our 2009 Summer Dance Intensive. The enclosed recommendation form must be filled out and received by our office no later than May 29, 2009. Your answers to all questions will be confidential, so please be as honest as possible.

Sincerely,

Brenda Holden  
Workshop Department  
Ballet Magnificat!

**Teacher Evaluation Form (Due May 29)**

*Please type or print clearly.*

Student's Name: \_\_\_\_\_ Session Attending \_\_\_\_ 1st \_\_\_\_ 2nd \_\_\_\_ 4-Weeks

Teacher's Name: \_\_\_\_\_

Teacher's Phone: \_\_\_\_\_

How long have you been the student's teacher? \_\_\_\_\_

How many days per week does student take class? \_\_\_\_\_ Hours per day? \_\_\_\_\_

Specify type of dance (i.e. ballet, jazz, tap, etc.) \_\_\_\_\_

Are any of these combination classes? Please explain. \_\_\_\_\_

Does student maintain consistent class attendance?  yes  no If not, explain. \_\_\_\_\_

What is student's classroom attitude and relationship to other students? \_\_\_\_\_

Does student participate in any other activities that conflict with dance training? (i.e. swim team, cheerleading, etc.)  yes  no If so, what? \_\_\_\_\_

Please give a brief history of the student's progress under your instruction. \_\_\_\_\_

What are student's strengths? \_\_\_\_\_

Areas for improvement? \_\_\_\_\_

Physical difficulties? \_\_\_\_\_

Any known eating disorders? (past or present) If so, explain. \_\_\_\_\_

Does student have a realistic view of his/her abilities?  yes  no If not, explain. \_\_\_\_\_

What would you like to see your student accomplish at our workshop? \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail to:

Summer Workshop  
Ballet Magnificat!  
5406 I-55 North  
Jackson, MS 39211

Fax 601-977-8948

Would you like to be added to our mailing list? \_\_\_\_\_

Address

**Serious Medical Conditions - Must be completed by all.**

Due by May 29th

Not applicable for this student.

Participant has serious medical condition and form is completed below:

Participant's Name: \_\_\_\_\_

If participant has a serious medical condition that we need to be aware of, please complete below. Some that we have dealt with in the past have been: severe nut allergy, epilepsy, diabetes, and eating disorders.

All of our staff, counselors and teachers are made aware of participants with conditions that may require special and emergency treatment.

Participants are instructed during orientation on ways to help us meet their needs. Also, we put emergency info and numbers on the back of the participant's nametag so it will be easily accessible to us in case there is a problem.

Thank you for your assistance in this matter.

Medical Condition(s) \_\_\_\_\_

Participant carries an EpiPen

Medication(s) Participant will be taking during workshop: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

LIABILITY RELEASE I/We hereby release Ballet Magnificat!, Belhaven College, their agents, employees, and volunteer assistants from any liability whatsoever arising from injury, damage or loss which may be sustained by the above-named person due to complications from the above-described medical condition during the Summer Workshop.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Participant Printed Name

\_\_\_\_\_  
Parent/Guardian Printed Name

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

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

This information is for use by Ballet Magnificat! staff, teachers and counselors and is not shared with students unless it is necessary for the safety of the participant (as in severe nut allergies).

**Authorization to Administer Medication – Students Under 18**

Student's Name \_\_\_\_\_

All medications for minor students will be kept by the student's counselor. I give permission for the staff of Ballet Magnificat! Summer Workshop, including staff teachers and counselors, to administer/apply the following medications:

**Non-Prescription:**

- |  |   |
|--|---|
| <input type="checkbox"/> Benedryl or other antihistamine         | <input type="checkbox"/> Acetaminophen                  |
| <input type="checkbox"/> Pepto Bismal for upset stomach          | <input type="checkbox"/> Betadyne as an antiseptic wash |
| <input type="checkbox"/> Immodium AD for diarrhea                | <input type="checkbox"/> Neosporin                      |
| <input type="checkbox"/> Caladryl Lotion                         | <input type="checkbox"/> Ibuprofen                      |
| <input type="checkbox"/> Dayquil <input type="checkbox"/> Nyquil | <input type="checkbox"/> Insect bite/itch cream         |
| <input type="checkbox"/> Cough Suppressant/Expectorant           | <input type="checkbox"/> Antidiarrheal medication       |
| <input type="checkbox"/> Vitamins you supply (list _____)        |   |

**Prescription:**

Include name of drug, dosage, time taken each day, condition treated for and possible side effects. Attach separate sheet if necessary.

Name of Medication	Dosage	Specific times taken	Reason for taking and side effects
		each day	
		am/pm _____	
		am/pm _____	
		am/pm _____	
		am/pm _____	
		am/pm _____	
		am/pm _____	
		am/pm _____	
		am/pm _____	

- All medications (prescription and non-prescription) must be in original prescription containers or manufacturer's packages.
- Bring enough to last the entire time at camp.
- No laxatives or weight loss supplements are allowed.

Student has permission to keep the following medications and take at their discretion:

- |  |   |
|--|---|
| <input type="checkbox"/> Benedryl, Dayquil, or other antihistamine | <input type="checkbox"/> Epipen         |
| <input type="checkbox"/> Acetaminophen                             | <input type="checkbox"/> Asthma Inhaler |
| <input type="checkbox"/> Ibuprofen                                 | <input type="checkbox"/> _____          |

Immunizations are up-to-date

\_\_\_\_\_ Have you been exposed to any communicable diseases within the past 30 days?

\_\_\_\_\_ Have you been outside the country in the 30 days preceding the workshop? If yes, where? \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date