

## Music Exploration and Song Composition

### Locations, Dates, and Times

Peter S. Ogden Elementary  
July 13-17  
9:00 AM to 11:30 AM

Chinook Elementary  
July 20-24  
9:00 AM to 11:30 AM

### Course Description

Students will learn how to write and perform their own music. They will also work with keyboards, recorders and percussion instruments. In the piano lab, we will compose record, create a CD and increase our piano skills.



## Visual Art Workshop

### Locations, Dates, and Times

Roosevelt Elementary  
July 13-17  
9:00 AM to 11:00 AM

Gaiser Middle School  
August 3-7  
9:00 AM to 11:00 AM

### Course Description

In this workshop students will learn art concepts through the creation of visual art projects. All students will create pieces to take home.



# INFORMATION

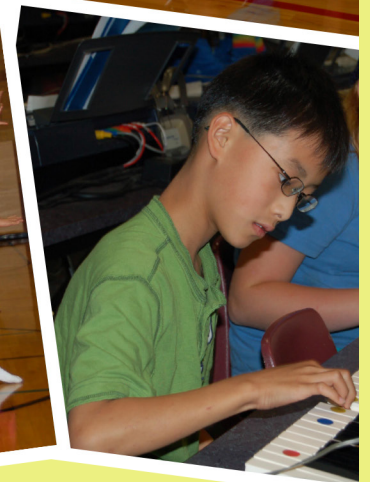
All opportunities are taught by Vancouver Public Schools certified teachers and are offered free to students currently enrolled in Vancouver Public Schools.

To register for these free opportunities, fill out the enclosed class request and completed and signed medical release and permission forms\*. **These should be returned by May 18 to Lori Rotherham at Vancouver School of Arts and Academics, 3101 Main Street, Vancouver, WA 98663.** Late registrations will not be accepted.

Parents will be notified regarding their student's enrollment by the last day of school. Please email any questions you may have to [lori.rotherham@vansd.org](mailto:lori.rotherham@vansd.org).

*\*Please note:* The single page medication form only needs to be completed and returned if there is a medical condition and/or the student takes medication.

# 2015 Summer Arts Workshops



## Summer Strings

### Locations

Thomas Jefferson Middle School,  
McLoughlin Middle School

### Dates and Times

Monday through Thursday July 13-31

Beginning: 10:30 AM to 11:30 AM

Advanced: 9:00 AM to 10:15 AM

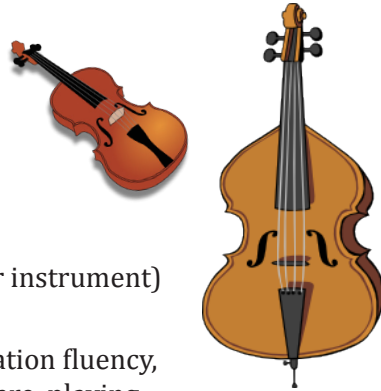
(At least 1 year playing their instrument)

### Course Description

Students will develop skills such as notation fluency, right/left hand technique, instrument care, playing posture, and more. On the final day students will present a recital for friends and family members.

### Requirements and Supplies

Students should provide their own instrument if possible. We will have some instruments available for those with financial need.



## Summer Band

### Locations

Thomas Jefferson Middle School,  
McLoughlin Middle School

### Dates and Times

Monday through Thursday July 13-31

Beginning: 10:30 AM to 11:30 AM

(1 year playing instrument)

Advanced: 9:00 AM to 10:15 AM

(At least 2 years playing their instrument)

### Course Description

Beginning students will learn to play trumpet, trombone, flute, clarinet, or saxophone. Advanced students will rehearse exciting concert band music.

### Requirements and Supplies

Students should provide their own instrument if possible. We will have some instruments available for those with financial need.



## Dance Workshop

### Locations

Vancouver School of Arts and Academics,  
Chinook Elementary

### Dates and Times

July 20-24

9:00 AM to 12:00 PM

### Course Description

A variety of dance styles will be explored.

Students will progress through a warm-up, skill development, and choreography. Students will work individually and with partners. Students will strengthen their dance technique and choreographic skills in ballet, modern and jazz dance.

### Requirements or Supplies

Students should wear tanks or t-shirts and shorts. No shoes are allowed in the Dance Studio at VSAA. Students attending the Chinook program may wear sneakers or dance shoes.



## Theatre Workshop

### Locations, Dates, and Times

Gaiser Middle School

August 3-7

9:00 AM to 12:00 PM

Columbia River High School

July 20-24

9:00 AM to 12:00 PM

### Course Description

In this workshop, students will learn basic theater performance skills, including movement, voice and character.

### Requirements or Supplies

Students should dress comfortably in clothing they can move in and should bring a water bottle.





# Summer Arts Workshop Request



Please complete both sides of this form

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

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact other than parent: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Classes Requested:

Choice 1	Choice 2	Choice 3
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If you selected band or orchestra, please list the instrument you will be learning:

\_\_\_\_\_

Do you currently play this instrument:      Yes      No

If yes, how long have you played: \_\_\_\_\_

To provide opportunities for as many students as possible, student may only be able to participate in once course. Once all students requesting classes have been enrolled, we will allow students to participate in additional classes on a space-available basis.

Class requests and completed and signed medical release and permission form should be returned by **May 18 to Lori Rotherham at Vancouver School of Arts and Academics, 3101 Main Street, Vancouver, WA 98663. Late registrations will not be accepted.**

Parents will be notified regarding their student's enrollment by the last day of school. Please email [lori.rotherham@vansd.org](mailto:lori.rotherham@vansd.org) with questions.



**VANCOUVER PUBLIC SCHOOLS  
CONSENT TO PARTICIPATE IN AFTER SCHOOL PROGRAM AND  
MEDICAL TREATMENT CONSENT FORM**

THE UNDERSIGNED HEREBY GIVES PERMISSION AND AUTHORIZES \_\_\_\_\_  
Student's Name

TO ATTEND THE FOLLOWING AFTER SCHOOL/EXTENDED DAY PROGRAMS \_\_\_\_\_  
\_\_\_\_\_  
DATES OF ATTENDANCE \_\_\_\_\_

**Consent for Medical Treatment**

This is to authorize emergency medical care and treatment for my son/daughter in my absence. Every reasonable effort will be made to contact me if such action is necessary.

\_\_\_\_\_  
FAMILY PHYSICIAN

\_\_\_\_\_  
HOSPITAL PREFERENCE

\_\_\_\_\_  
NAME OF INSURANCE CARRIER

\_\_\_\_\_  
GROUP/CHART NUMBER

If your student will need to bring prescribed medication, the Authorization for Medication Administration form (enclosed) must be completed and signed by the health care provider and parent/guardian. For over-the-counter medications, please check with your school nurse for procedure.

DOES YOUR CHILD TAKE ANY MEDICATION? \_\_\_\_\_ If yes please list: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY HEALTH CONCERNS THAT THE TEACHER NEEDS TO BE AWARE OF? \_\_\_\_\_  
\_\_\_\_\_

I UNDERSTAND THAT THE STUDENT WILL BE SUPERVISED BY SCHOOL AUTHORITIES AND THAT EVERY EFFORT WILL BE MADE TO ENSURE STUDENT SAFETY.

**I WILL ASSUME FINANCIAL RESPONSIBILITY FOR EMERGENCY MEDICAL TREATMENT FOR MY CHILD.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMERGENCY CONTACT NAME

\_\_\_\_\_  
PHONE/RELATIONSHIP

***NOTE: THIS CONSENT FORM MUST BE SIGNED AND RETURNED TO SCHOOL PRIOR TO THE DESIGNATED DATE OF PROGRAMS ATTENDED.***

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DATE

\_\_\_\_\_  
EMERGENCY CONTACT NAME

\_\_\_\_\_  
PHONE/RELATIONSHIP

***NOTE: THIS CONSENT FORM MUST BE SIGNED AND RETURNED TO SCHOOL PRIOR TO THE DESIGNATED DATE OF PROGRAMS ATTENDED.***

**AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN VANCOUVER SCHOOL DISTRICT**  
**(Excludes ointments, eye, nose or ear drops, suppositories and medication inhaled through the nose)**

Student's Name: \_\_\_\_\_ School Year: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gr.: \_\_\_\_\_ School: \_\_\_\_\_ School Fax: \_\_\_\_\_

**THIS PORTION TO BE COMPLETED BY THE LICENSED HEALTH PROFESSIONAL (LHP)**  
**PRESCRIBING WITHIN THE SCOPE OF THEIR PRESCRIPTIVE AUTHORITY**

Name of Medication: _____		
Dosage/Frequency: _____		
Diagnosis or reason for medication: _____		
If given PRN, specify the length of time between doses: _____		
Possible major side effects of medication: _____		
What observable side effects do you want us to report: _____		
Student is capable of carrying/administering inhaler Yes <input type="checkbox"/> No <input type="checkbox"/> and/or Epi-pen Yes <input type="checkbox"/> No <input type="checkbox"/>		
I request and authorize that the above-named student be administered the above identified oral medication or Epi-Pen injection in accordance with the instructions indicated above from _____ to _____ (not to exceed current school year), as there exists a valid health reason which makes administration of the medication advisable during school hours.		
_____ Licensed Health Professional	_____ Clinic Name	_____ Date
_____ Name (Print or type)	_____ Telephone	_____ Fax

Please note:

1. Prescribed medication must be provided in the container labeled by the pharmacist with the name of your child, the name of the medication, the dosage and frequency in which the medication is to be given.
2. Over the counter medications must be in the original container.
3. If samples of medication are to be given, they must be labeled with the name of the student, dosage, and time to be given.
4. Medications must be brought to the school by the parent/ guardian.

**THIS PORTION TO BE COMPLETED BY THE PARENT/ GUARDIAN**

I request and authorize the school to administer medication to the above identified student in accordance with the health care provider's instructions. Confidentiality of information provided to my student's school district is protected by the federal Family Educational Rights and Privacy Act. I may revoke this authorization by writing to my student's school district. If I did, it would not affect any actions already taken by the school district based upon this authorization.		
Once health care information is disclosed, the person or organization who receives it may re-disclose it only in conformance with applicable confidentiality laws.		
You have my permission to communicate with this health care provider in order to make arrangements for the care and supervision of my child. I give the health care professional:		
Permission to fax this form to the school	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permission for my student to carry and self-administer inhaler	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permission for my student to carry and self-administer Epi-pen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand the district shall incur no liability as a result of any injury arising from the self-administration of medication by the student, and parents/guardians shall indemnify and hold harmless the district and its employees or agents against any claim arising out of the self-administration of medication by the student.		
_____ Parent/Guardian Signature	_____ Date of Signature	