

# Villa Ventures 2015

## Information Packet

Welcome to Villa Ventures Summer Camps! We are pleased to greet both new faces and old friends to our program. It is our goal to provide every camper with the opportunity to discover and enhance his or her unique talents and abilities. We believe every child is special, so we strive to create a program that will nurture their imagination and creativity while promoting exploration and self-awareness.

Enclosed in this packet, you will find the following:

- Information about Villa Ventures
- Publicity Release
- Villa Ventures Behavior Expectations
- Directions to Villa
- Emergency Allergy Health Care Plan (if needed)
- Emergency Asthma Plan (if needed))
- Authorization for Administration of Oral Medication at School (if your child will need to take medication at Villa Academy anytime from June 29th-July 24th, 2015

On the Monday of each week, sign-in will begin a half-hour early. Sign-in for AM classes begins at 8:30 am, and sign-in for PM classes begins at 12:30 pm. There will be Villa Ventures Staff Members in the Rainbow Theater on the East side of the building to check your child in and line up next to their class sign on the wall.

For subsequent days of the week, the child will go directly to the Rainbow Theater and line up next to the sign for their class where their instructors will sign them in. This process will begin at 8:45 for AM classes and 12:45 for PM classes.

If your child is signed up for AM classes only, he/she will be escorted to the lower parking lot for pick-up at Noon. If your child is signed up for AM & PM classes, Villa Ventures staff will supervise them during lunch then check them into their afternoon class.

For those enrolled in aftercare from 4:00-5:00 pm, Villa Staff will pick up your child from class and escort them to the Rainbow Theater. Here they can be picked up.

All students should bring a water bottle and a snack. For those signed up for a full day please also send in a brown bag lunch.

Villa Ventures is a NO NUTS zone so pack their food items accordingly.

Please apply sunscreen (if needed) to your child before arriving at Villa as we do not provide sunscreen.

*Please bring the following on the first day.*

Villa Ventures Behavior Expectations & Publicity Release (Everyone)

- Emergency Allergy Health Care Plan (if your child has allergies)
- Emergency Asthma Plan (if your child has asthma)
- Authorization for Administration of Oral Medication at School (if your child will need to take medication at Villa Academy June 29-July 24, 2015)

Please let us know if we can do anything to ensure your child's success at camp. We will be available to discuss any concerns or questions you or your child might have, in person or by email at [summer@thevilla.org](mailto:summer@thevilla.org)

Sincerely,

*Shea Saltyer*

*Lance Harwell.*

**PUBLICITY RELEASE**

Villa Academy distributes informational or promotional materials, both electronic and printed, to current Villa families and friends, alumni, and prospective Villa parents. These materials include, but are not limited to, school newsletters, admission brochures, development and alumni publications, regional advertisements, and the school web site. Each year we ask families for their consent to use their child/ren's picture and/or name in such school publications. To that end, we ask that you complete the form below.

If you do not wish to have your child included in any of these materials, please send a photo attached to this form indicating that permission is not given to publish their photo and/or name.

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The following permission is given to Villa Academy regarding my/our child/ren's picture and/or name to appear in informational or promotional materials, both electronic and printed, that include, but are not limited to, school newsletters, admission brochures, development and alumni publications, regional advertisements, and the school web site (only first names are used on our site)

Yes    No    NAME

Yes    No    PICTURE

*If we do not receive a form, it will signify that consent is given to use your child/rens image and/or name in Villa's informational or promotional materials. If permission is being withheld, a photo must be attached to this signed and dated form.*

Comments: \_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade in September: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade in September: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade in September: \_\_\_\_\_

\_\_\_\_\_  
*Parent / Guardian Signature*

\_\_\_\_\_  
*Date*

# Villa Ventures Behavior Expectations

## Our Mission

Villa Academy is the premier Catholic, independent school in the Northwest. In our unique learning environment, we are dedicated to excellence in the education of the whole child to develop character and prepare culturally competent individuals.

## Behavior & Discipline

Villa Ventures expectations for the members of our community, students and adults alike, are based on Catholic teachings. Respect and sensitivity for each other are at the heart of our interactions. This is the basis for a positive and caring environment that allows students to achieve enrichment goals while developing a sense of personal responsibility, self-discipline and strength of character.

## BEHAVIOR EXPECTATIONS:

As a Villa Ventures attendee, I will:

### RESPECT SELF AND OTHERS

Use an inside voice at all times

Treat my peers as I would like to be treated, be polite.

Stop, look, and listen to all instructions

Be honest-it is okay to make mistakes

Listen respectfully to any adult who speaks to me.

Respond the first time to requests

### RESPECT PROPERTY

Walk inside the classrooms and hallways

Keep my feet on the floor-couches and chairs for sitting only

Put items back after using them

### BE RESPONSIBLE

Clean up after myself

Throw all garbage in the garbage cans, recycling in the blue cans

Ask before going to the bathroom or water fountain

Leave toys, cell phones, & music players at home

Date:

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Student Signature

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Parent Signature

# DIRECTIONS TO VILLA ACADEMY

5001 NE 50th St.  
Seattle, WA 98105

## From I-5 heading north or south:

1. Head north or south on Interstate 5 to Exit 169–NE 45<sup>th</sup> Street.
2. Take Exit 169–NE 45<sup>th</sup> Street.
3. Head East on NE 45<sup>th</sup> Street (turn Left if coming from the North, turn Right if coming from the South). After 1 mile, you will pass the University of WA on your right hand side. 45<sup>th</sup> Street turns into a one lane, down hill ramp and intersects Montlake Blvd E.
4. Turn left onto Montlake Blvd E / NE 45<sup>th</sup> Street (you will see a sign for "Children's Hospital" at this point and further ahead. The Villa is in the same direction).
5. Head East on Montlake Blvd E / NE 45<sup>th</sup> Street. After 2 lights, NE 45<sup>th</sup> Street breaks off from the main flow of traffic. Do not break away from the main road, but curve to the left onto Sand Point Way.
6. Continue following Sand Point Way. You will pass Children's Hospital on your right hand side.
7. Immediately after Children's Hospital take a right onto NE 50<sup>th</sup> The Villa Academy entrance will be on your right at the top of the hill. (at the intersection of NE 50<sup>th</sup> St. and 50<sup>th</sup> Ave. NE)

## From 520 heading east or west:

1. Take the Montlake Blvd Exit.
2. Merge onto Montlake Blvd and head north, crossing the bridge and passing the University on the left and the University Stadium on the right.
3. Stay in the right hand lane and, after approximately 1/2 mile, merge onto NE 45<sup>th</sup> Street.
4. Head East on Montlake Blvd E / NE 45<sup>th</sup> Street.
5. Curve to the left onto Sand Point Way.
6. Continue following Sand Point Way. You will pass Children's Hospital on your right hand side.
7. Immediately after Children's Hospital take a right onto NE 50<sup>th</sup> The Villa Academy entrance will be on your right at the top of the hill. (at the intersection of NE 50<sup>th</sup> St. and 50<sup>th</sup> Ave. NE)

**2015-2016**  
**ALLERGY EMERGENCY HEALTH CARE PLAN**

**ALLERGY TO:** \_\_\_\_\_

**Student** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Teacher** \_\_\_\_\_

**Asthmatic**    **YES\*** **NO**    \* **High risk for severe reaction**

**Student must sit at ALLERGY TABLE in the lunchroom: YES NO**

**Signs of an Allergic Reaction Include:**

**MOUTH**    itching & swelling of lips, tongue or mouth

**THROAT\***    itching and /or a sense of tightness, hoarseness, and hacking cough

**SKIN**    hives, itchy rash and/or swelling around face or extremities

**GUT**    nausea, abdominal cramps, vomiting, and/or diarrhea

**LUNG\***    shortness of breath, repetitive coughing, and/or wheezing

**HEART\***    “thready” pulse, “passing out”

**ACTION FOR MINOR REACTION:**

1. **If symptom(s) are** \_\_\_\_\_
2. **Administer:** \_\_\_\_\_ **immediately.**  

**Medication/Dose/Route**
3. **CALL: Parent/Guardian and Doctor.**
4. **If condition does not improve within 10 minutes, follow steps for Severe Reaction.**

**ACTION FOR SEVERE REACTION:**

1. **If symptom(s) are** \_\_\_\_\_
2. **Administer:** \_\_\_\_\_ **immediately.**  

**Medication/Dose/Route**
3. **CALL 911** (NEVER HESITATE TO CALL 911)
4. **CALL Parent or Guardian**
5. **CALL Doctor**

**Parent/Guardian** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **Phone** \_\_\_\_\_

# EMERGENCY ASTHMA PLAN

*Guidance for non-licensed school personnel*

**Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Parent:** \_\_\_\_\_ **Phone:(H/C)** \_\_\_\_\_ **(W/C)** \_\_\_\_\_

**Second Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Common Asthmas Signs and Symptoms:**

**\*Persistent coughing \* Wheezing while breathing in or out \*Shortness of breath \*Tightness in chest**

**Steps to take during an asthma attack:**

1. Give medication as listed below.
2. Have student return to classroom if: \_\_\_\_\_
3. Contact parent if: \_\_\_\_\_

<b>Medications:</b>	<b>Name</b>	<b>Dosage</b>
_____	_____	_____
_____	_____	_____

**Student can self-administer?    Yes            No**

<p><b>Call 911 NOW FOR:</b></p> <ul style="list-style-type: none"><li>•Rapid, labored breathing</li><li>•“Pulling in” of neck and chest while breathing</li><li>•Unable to talk in full sentences</li><li>•Becomes anxious</li><li>•Nasal flaring</li><li>•Sweaty, clammy skin</li></ul> <p><b>AND GIVE EMERGENCY MEDICATION AS LISTED ABOVE</b></p>
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**NEVER SEND A CHILD WITH A SUSPECTED ASTHMA ATTACK ANYWHERE ALONE**

**Parent’s Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Physician’s Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**School Staff Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**AUTHORIZATION FOR ADMINISTRATION OF ORAL MEDICATION\* AT SCHOOL**  
**Including all over the counter drugs, such as ibuprofen and cough drops.**

**Student Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Name of Medication \*** \_\_\_\_\_

**Dosage**

**Method of Administration**

**Time of day to Be taken** \_\_\_\_\_

**\* For Prescribed Epi Pens/ Inhalers:** \_\_\_\_\_ Indicate if student will carry on his/her person  
\*

**Student is capable of self-administration of epi pen/inhaler:** \_\_\_\_ Yes \_\_\_\_ No

Diagnosis or reason for medication: \_

If given PRN, specify length of time between dosages:

Possible side effects of medication: \_\_\_\_\_

Emergency procedure in case of serious side effect:

I authorize the above named student be administered the above indicated medication in accordance with the instructions indicated above from June 29-July 24, 2015

\_\_\_\_\_  
Licensed Health Professional Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Telephone Number

**Please note: All medication must be labeled with the student name, dosage and time to be given. All medication is stored in a locked cabinet in the room 133. Students are not to carry medication (even cough drops) unless it is a “rescue” medication and the student has permission.**

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**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 LHP’s instructions for the period from June 29 to July 24, 2015.

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

\_\_\_\_\_  
Date of Signature