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Department of Music

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Dear Parents:

I am pleased to invite your student(s) to FAU's 7th annual Honors High School String Orchestra "Side-by-Side" Festival on October 19 & 20, 2018. This event will culminate in a side-by-side performance with students from high school orchestras from around the state as well as Florida Atlantic University Orchestra students. Repertoire for this year's festival will be selected from the following: Dag Wirén's Serenade for String Orchestra, Op. 11; Leonard Bernstein/Robert Longfield's Danzon from *Fancy Free*; Leonard Bernstein/ Robert Longfield's Simple Song from Bernstein's Mass; Edvard Grieg's Cow Keeper's Tune & Country Dance, from Norwegian Airs, Op.63 no. 2; Camille Saint-Saens/ Sandra Dackow's Bacchanale from *Samson et Dalila*, Op.47; Edward Elgar's Elegy, Op. 58; and Johann Sebastian Bach's Air, from Orchestral Suite No. 3.

The two-day festival schedule will involve rehearsals of the repertoire listed above from 9:00 am to 5:30 pm on both October 19 & 20 culminating in a concert at 8:00 pm on Saturday, October 20. Admission to the concert is free, and seating is open. The auditorium doors will open at 7:30 pm for the 8:00 pm concert. There is a participation fee of \$40.00. This covers a festival T-shirt, snacks, lunch on Friday, and both lunch and dinner on Saturday. All meals will be served in the Atlantic Dining Hall (an all you can eat buffet) located adjacent to the Student Union. Checks or money orders should be made payable to "FAU Foundation" and given to your child's high school orchestra director before September 24, 2018.

The deadline for registration is Monday, September 24, 2018. The student fees should be postmarked by September 24th as well. In addition, please encourage your child to obey your school's chaperone policy to ensure that your child is supervised during down times or in emergency situations. Should you or your child require hotel accommodations, our office will be happy to assist you in finding a location near our campus. A complete list of local hotels is shown on this website: <http://www.fau.edu/admissions/LocalAccom.php>

Original repertoire will be provided to your students upon their arrival at FAU. For audition and practice purposes, the repertoire will be posted online in September. For interested students, there will be auditions for all solos and the section leader positions. Those auditions will be held at 8:00 am on Friday, October 19, 2018. All students need to bring mutes. Concert dress for the performance is the attire students usually wear for their high school orchestra concerts. For some students this is a uniform, or a specific color like all black, or black and white. The FAU students will be dressed in the following: men wear tuxes and women wear all black.

We hope that you will join us in this continuing partnership between talented high school students and Florida Atlantic University orchestral students. Should you have any questions please do not hesitate to contact me at joella@fau.edu or (561) 297-2262. If you leave a voicemail, please indicate a good call back time. It is not necessary to wait until the deadline to submit your registration. We would love to hear from you as soon as possible.

Best wishes,
Laura Joella

Director of Orchestral Studies
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An Equal Opportunity/Equal Access Institution

FAU Honors High School String Orchestra Festival Schedule

Tentative Schedule (updated 5/14/18)

Friday, October 19, 2018

8:00	early arrival time for principal seating auditions & solo auditions - students report to Arts & Letters room 260 to warm up
9:00- 9:15	all students report to theatre stage directors - refreshments in the green room
9:15- 10:45	full rehearsal on stage (University Theatre)
10:45- 11:00	snack break in the sculpture garden
11:00- 1:00	sectionals [violins in the theatre, violas in A&L 260, cellos in theatre lobby, and basses in A&L 247]
1:00- 2:30	lunch in the Atlantic Dining Hall (adjacent to the Student Union)
2:30- 4:00	full rehearsal on stage
4:00-15	snack break in A&L 260
4:15- 5:30	full rehearsal on stage
5:30	students depart

Saturday, October 20, 2018

9:00- 9:15	students report to Arts & Letters, room 260 directors - refreshments in the green room
9:15- 11:15	full rehearsal on stage (University Theatre)
11:15-30	snack break in A&L 260
11:30- 1:00	full rehearsal on stage
1:00- 2:30	lunch in the Atlantic Dining Hall (adjacent to the Student Union)
2:30- 4:00	full rehearsal on stage
4:00-15	snack break in A&L 260
4:15- 5:30	full rehearsal on stage
5:30- 7:15	dinner in the Atlantic Dining Hall (adjacent to the Student Union)
7:15	change for concert
7:30	Call (ready to perform waiting in AL 260)
8:00- 9:00	Concert in the University Theatre
9:00	students depart

FLORIDA ATLANTIC UNIVERSITY™
DEPARTMENT OF MUSIC

2018 FAU Honors High School String Orchestra Side-by-Side Festival
Registration Form

Name of High School	
Name of High School Orchestra Director	

Students	Names (as they should appear in the concert program)	Emergency Contact Phone Number(s)	Email address(es) for music distribution	T-shirt size
Violin 1:				
Violin 2:				
Viola:				
Cello:				
Bass:				

Total number of students attending		x \$40. =	
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Chaperones

Number for lunch on Friday		x \$8.29 =	
Number for lunch on Saturday		x \$8.29 =	
Number for dinner on Saturday		x \$9.19 =	
Optional chaperone T-shirts with sizes	total number: sizes:	x \$8.00 =	

Make checks or money orders payable to: FAU Foundation	Total amount due:	
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Directors

Number for lunch on Friday		complimentary
Number for lunch on Saturday		complimentary
Number for dinner on Saturday		complimentary
Size of director's T-shirt		complimentary

Total number of daily parking passes needed for teachers, chaperones & students		complimentary
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**Florida Atlantic University Parental Permission Form and Release of Liability
for Pre-collegiate programs: the FAU Honors High School Orchestra “Side-by-Side” Festival**

I, _____, am the parent and/or legal guardian of

_____, a minor child under the age of 18 years. I would like to have my child participate in the following PRE-COLLEGIATE PROGRAM at Florida Atlantic University: FAU Honors High School String Orchestra “Side-by-Side” Festival, which will take place from October 19, 2018 to October 20, 2018.

In consideration for my child being allowed to participate in this PRE-COLLEGIATE PROGRAM, I the undersigned, acknowledge, appreciate and agree that:

1. This PRE-COLLEGIATE PROGRAM affords my child the opportunity to participate in activities, including, but not limited to: playing their musical instrument. There are inherent risks involved with these activities, including but not limited to: injury from playing a musical instrument and recreational incidents. I choose to voluntarily allow my child to participate in this PRE-COLLEGIATE PROGRAM. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.
2. I certify that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my child’s participation in this PRE-COLLEGIATE PROGRAM. I agree to pay for any medical costs that exceed the limits of my insurance coverage.
I do not have medical insurance, but understand the University is not responsible for medical expenses that may directly or indirectly result from my child’s participation in this PRE-COLLEGIATE PROGRAM.
3. I understand that this PRE-COLLEGIATE PROGRAM is physically strenuous. I certify that my child is physically fit to participate and I know of no medical reason why my child should not participate.
4. I hereby release, waive, and discharge Florida Atlantic University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child’s participation in this PRE-COLLEGIATE PROGRAM, whether caused by negligence of the UNIVERSITY, its Board of Trustees, officers, agents, employees or representatives or otherwise. I also agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney’s fees that may occur as a result of my or my child’s negligent or intentional act or omission while participating in this PRE-COLLEGIATE PROGRAM.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED HEREIN, AND TO DISCUSS ANY QUESTIONS OR CONCERNS I MAY HAVE WITH THE UNIVERSITY OR ITS AFFILIATE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

Signature of Parent and/or Legal Guardian

Date



Permission to Treat or Administer Emergency Medical Care/Authorization to Release Medical Information

I/We, the undersigned Parents/Guardians, in the event of an emergency, give permission for the evaluation and treatment, in our absence, of the above named student as deemed necessary by a currently licensed health care provider, hospital, emergency medical services or 7th y staff. Every effort will be made to contact the parent/guardian. Care of the injured student will be provided as needed. Care will not be withheld until parent arrives or are notified. I/We understand that the parent/guardian is completely responsible for the financial costs incurred with treatment.

I/We, the undersigned, authorize the release of medical information, gathered in the course of a emergency, to the listed medical care providers and emergency response personnel. I/We authorize the listed medical providers to share any "personal health care information" that will support the health of the while in program with the designated Health Care staff.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Health Care Provider Information:

Pediatrician/Primary Health Care Provider: _____ Telephone: _____

Dentist: _____ Telephone: _____

Insurance Coverage Yes No

Company/Carrier Name: _____

Medical History:

My child will take daily or emergency medication during the program day. Yes No

Name of drug, dose, frequency, time to be given, date drug therapy started or to be started for each med to be given.

A current "Authorization to Administer Medication in Program" form is completed by parent. Yes No

Does your child routinely take daily medication at home? Yes No If yes, list the name, dose, time given, reason for administration, and any known side effects. _____

Does your child(ren) have any disease or chronic illness we should know about? Please list below.

Does your child currently have Asthma? Yes No If yes, list frequency of asthma attacks, date of last attack and meds taken: _____

Does your child currently have Allergies? Yes No If your child has a strong allergic reaction to any substance, you are encourage to bring in a completed "Authorization to Administer Medication in Program" form for oral Benadryl and/or an injectable Epi-pen, Epi-pen Jr. These will be kept locked.

Food/Medication Allergies: _____ Treatment: _____

Reaction/Reaction Time: _____

Contact Allergies (bug bites, airborne vapors, dust, pollen, lotions, latex, etc.): _____

Treatment: _____ Reaction/Reaction Time: _____

Has your child been diagnosed or treated for a vision, speech, or hearing impairment? Yes No

Does your child wear glasses/contacts or hearing aids: Yes No Explain: _____

Has your child been diagnosed or treated for behavioral, developmental, or learning disabilities? Yes No

If yes, please explain: _____

Does your child require assistance as defined by the Americans with Disabilities Act? Yes No

If yes, please explain: _____

Medication Policy:

All routine, regularly scheduled or as needed medications and treatments administered in the program setting must be authorized in advance by a licensed health care provider. This includes nebulizer or inhaler treatments for asthma, medications, ointments, or dressing changes to the skin and all over the counter medication (OTC's) such as Tylenol, Motrin, Cough Medicine, and Cough Drops. A note from the parent/guardian does not authorize the nurse or designee to provide these treatments. Before the nurse or designee can administer any medications or treatments the "Authorization to Administer Medication in Program" form must be completed by the parent/guardian. The parent/guardian must provide to the Director the prescribed medication stored in the original container with an appropriate pharmacy label on each bottle. All labels must include the _____'s name, dose, route and time of administration of the medication.

No _____ is permitted to carry any medication in his/her pocket or backpack unless special permission is granted. All medication will be kept secure in a locked cabinet in the U _____ Office and dispensed by the nurse or designee.

I/We have read and will abide by the program's medication policy.

Parent/Guardian Signature

Date



Authorization to Administer Medication in Program

Student Name: _____ DOB: _____

Part I

Dear Parent,

When considered medically necessary, students may receive medications and treatments as ordered by a licensed healthcare provider, during the day. Should the student display any adverse reactions, the parent will be contacted immediately, emergency care will be provided as needed and the medication/treatment discontinued. Please complete the following information.

- NO MEDICATION OR TREATMENT may be given by the program nurse or designee until this form is completed and properly labeled medication is received. THIS INCLUDES OVER THE COUNTER MEDICATIONS SUCH AS TYLENOL, MOTRIN, AND COUGH DROPS.
- A parent signature must be on this form.
- All medications must be stored in their original containers with an appropriate pharmacy label on each bottle. All labels will include the student's name, dose, frequency, route, time of administration of the medication.

Part II

Medication Treatment #1:

Name of Drug/Treatment _____

Dosage _____ Route _____ Frequency _____ (include times and duration)

Medication form pill/capsule inhaler ear drops eye drops liquid injectable

Known adverse reactions/side effects _____

Prescribed treatment for side effects, if other than as outlined above _____

Medication Treatment #2:

Name of Drug/Treatment _____

Dosage _____ Route _____ Frequency _____ (include times and duration)

Medication form pill/capsule inhaler ear drops eye drops liquid injectable

Known adverse reactions/side effects _____

Prescribed treatment for side effects, if other than as outlined above _____

Part III

Parent Permission:

I hereby give permission for my child to receive the above medications/treatments during festival hours, 8am-9pm. I understand that medications may be administered by the program registered nurse or designee. This designee may be a non-medical person. If a treatment requires a medical or nursing assessment prior to administration, and a licensed medical person is not available, the medication and/or treatment will not be given. This medication and/or treatment is considered a medical necessity and ordered by a licensed healthcare provider. I hereby release the FAUS District, its agents and employees from any and all liability that may result from my child receiving this medication and/or treatment.

Parent/Guardian Signature

Date

Telephone #

Parent/Guardian Print

Office Use Only:

Secured in locked cabinet: ☐ Yes ☐ No