Northern Kentucky University
College of Health Professions
and St. Elizabeth Healthcare present

PATHWAYS TO NURSING
SUMMER CAMP

JUNE 19-22, 2018

Pathways to Nursing, Summer Nurse Camp is for high school students (currently in 9th-11th grades) who like people, want a fast paced career, and want to make a difference! Learn more about nursing careers during the Pathways to Nursing Summer Nurse Camp at NKU and St. Elizabeth Healthcare.
Learn About:
- Basic nursing skills
- Roles and responsibilities of the nurse in various settings
- Introduction to the Baccalaureate of Science in Nursing at NKU

Activities:
- Tour St. Elizabeth facilities and observe clinical activities in a variety of settings such as emergency, labor and delivery, surgery and intensive care.
- Learn about NKU’s College of Health Professions. Meet nurses and other health professionals.
- Meet other high school students interested in nursing as a career.
- Experience campus life by staying overnight in a campus dormitory.

Application Process:
If you are a current freshman, sophomore or junior in high school (sophomore, junior, or senior for 2018-2019 academic year), interested in nursing and live in the Northern Kentucky/Greater Cincinnati area, you are eligible to participate. This is a very popular program and is limited to a maximum of 30 participants. Applications will be accepted on a first come, first serve basis. Participation in camp is limited to one time only; you are ineligible to apply if you have participated in a previous Summer Nurse Camp experience.

1. To hold your space in camp, please submit the following:
   b. Include a $25.00 deposit (check made out to “CHP-Department of Nursing”). Deposits will be returned when the student attends camp or if the student withdrawals more than one week prior to the beginning of camp.

2. By May 31, 2018, please submit the following:
   a. One recommendation from a teacher or guidance counselor at your school.
   b. Official copy of your current immunization records signed by your physician/provider.
      This must include:
      - Two Measles, Mumps, Rubella (MMR) immunization (or evidence of the disease).
      - Two Varicella (chickenpox) immunization (or evidence of the disease).
      - It is also highly recommended to include:
         - Current flu vaccine (2017-2018)
         - Tetanus/Diphtheria/Pertussis (Tdap) immunization.
   c. Official copy of documentation of a current one-step TB test result (or QuantiFERON Gold blood test), signed by your physical/provider that must be performed AFTER June 22, 2017, but before May 31, 2018. This test can be obtained at your family physician or at the Northern Kentucky Health Department.

Submit all the above to:
Gannon Tagher
Northern Kentucky University
College of Health Professions
Nunn Drive, Albright Health Center 303
Highland Heights, KY 41099
Northern Kentucky University has joined with St. Elizabeth Healthcare to present the Pathways to Nursing Summer Nurse Camp. This endeavor is funded by a University/Community Partnership Grant from Northern Kentucky University and Medtronic Corporation. The purpose of this activity is to expose high school students to the many career opportunities in the field of nursing and encourage them to pursue such a career. Parents or students must provide their own transportation to and from NKU, St. Elizabeth Edgewood, and the St. Elizabeth Education and Training Center. Applications and recommendations are considered on a first come, first serve basis.

CAMP AGENDA:
Northern Kentucky University (including overnight)
Tuesday, June 19 at 1:00p.m. through Wednesday, June 20th at 4:00p.m.

St. Elizabeth Healthcare
Thursday June 21st at St. Elizabeth, Edgewood and
Friday, June 22nd at St. Elizabeth Education and Training Center
Approximately 8:00a.m. – 4:00p.m. each day

PLEASE PRINT
Name: ________________________________
Address: ________________________________
City: __________________ State: ____________ Zip: ____________
Phone: (home) ______________________ (cell) ______________________
Email Address: ________________________________
Date of Birth: __________________________ Gender: Male ( ) Female ( )
Current Grade (2017-2018 academic year): Freshman ( ) Sophomore ( ) Junior ( )
Shirt Size: Small ( ) Medium ( ) Large ( ) Extra Large ( )
Pant Size: Small ( ) Medium ( ) Large ( ) Extra Large ( )
High School: ________________________________
Allergies: __________________________________
Current Significant Medical Conditions: __________________________________

In the event of an emergency, person to be contacted:
Name: __________________ Relation to you: __________________
Phone numbers: (h) __________________ (c ) __________________ (w) __________________
Confidentiality Agreement
As a participant in Pathways to Nursing Summer Nurse Camp, I will be exposed to information about hospital clients in the process of observations and activities sponsored by this event. I acknowledge that it is my responsibility to maintain confidentiality of all client information including names and other data that may be disclosed. I understand that I am accountable for all my actions with regard to client information and failure to maintain confidentiality or conform to hospital policies constitutes misconduct, which can result in my dismissal from Nurse Camp. My signature below indicates that I have read and agree to this policy.

Behavior Expectations
While appropriate dress will be delineated in your acceptance letter, you are expected to dress modestly, and behave in a responsible way that represents your school and community.

Permission to be Photographed
By signing below, I agree to allow my son or daughter to be photographed while engaged in activities sponsored by Pathways to Nursing Summer Nurse Camp. I understand that these photographs may be used for poster presentations, newspaper publications or as illustrations for future similar events on the internet.

Leaving NKU Campus or St. Elizabeth Healthcare
Students will not be permitted to leave the NKU campus or the St. Elizabeth facilities during camp time unless arrangements have been pre-approved. If a situation arises and the student must leave, the student must first receive permission from the camp staff. Under no circumstances are campers to leave without the knowledge of the camp staff.

As a parent, I agree to allow my son or daughter to participate in Pathways to Nursing Summer Nurse Camp on the stated dates.

Parent Signature______________________________________________ Date____________

Student Signature_____________________________________________ Date____________
Student Name: ________________________________

Student Home Address: ________________________________

Student Home Phone Number: ________________________________

Parent or Guardian's Name: ________________________________

Parent or Guardian's Home Address: ________________________________

Parent or Guardian's Phone Numbers: Home __________ Work __________ Cell __________

The purpose of this document is to enable parents and guardians to authorize the provision of emergency medical treatment for minor participants who become ill or injured while at the facility when the parents or guardians of such participants cannot be reached.

In the event reasonable attempts to contact one of the above persons, at the telephone numbers listed, have been unsuccessful, I WILL HEREBY GIVE MY CONSENT FOR:

1. The administration of any treatment deemed necessary by the following preferred physician or nurse practitioner ________________________________, phone number ________________________________; or the following preferred dentist, ________________________________, phone number ________________________________, or in the event the designated preferred practitioner is not available by another licensed physician or dentist; and

2. The treatment of the minor participant at ________________________________ or any other hospital to which the minor may be transferred.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity of such surgery are obtained prior to the performance of such surgery.

Facts concerning the minor participant’s medical history including allergies, medications being taken, any physical impairment to which the physician should be alerted are the following:

Medicines: ________________________________

Allergies: ________________________________

Please circle: Have you had either chicken pox or the chicken pox vaccine (Varicella)? Yes No

If not, have you had a recent exposure to chicken pox in the last 2 weeks? Yes No

Parent or Guardian Signature ________________________________ Date _______________________________

I DO NOT GIVE MY CONSENT for emergency medical treatment to my child. In the event of illness or injury requiring emergency medical or dental treatment, I wish ________________________________ to take no action or to do the following:

Parent or Guardian Signature ________________________________ Date ________________________________
Note to the student: You are required to obtain a recommendation from a teacher or guidance counselor who knows you well. Your guidance counselor should verify your current grade point average.

Note to the faculty/counselor: This student is applying to participate in Summer Nurse Camp sponsored by Northern Kentucky University's College of Health Professions and St. Elizabeth Healthcare. This is a 4-day program that includes an overnight at the NKU campus and numerous observation activities at St. Elizabeth, Edgewood and the St. Elizabeth Education and Training Center. The purpose is to interest high school students in the field of nursing. You may return the recommendation to the student in a sealed envelope to be returned with the application or you may mail the recommendation directly to Gannon Tagher, Northern Kentucky University, College of Health Professions, Nunn Drive HC 303, Highland Heights, KY 41099.

Student Name: __________________________ GPA: ________

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<tr>
<th>U – Unsatisfactory</th>
<th>S – Satisfactory</th>
<th>E – Excellent</th>
<th>O – Outstanding</th>
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___ Quality of academic work prepared by the applicant

Comments:

___ Academic motivation and potential

Comments:

___ Suitability for a summer program in nursing, including maturity, behavior, responsibility, interest in nursing

Comments:

Other comments that might assist in the assessment of the student's application:

Name of person providing reference: __________________________

Title: __________________________ Circle one: Guidance Counselor Teacher

Address: __________________________

City: __________________________ State: ______ Zip: ______ Phone: __________________________

Signature: __________________________ Date: __________________________