

NTIEC'S

Agriculture Career Summer Experience

Includes field trips to local farms, hands-on experiences,
and an opportunity to build valuable teamwork, leadership,
and communication skills.



July 22 - 26, 2024

For Students

Grades 9 - 12

Interested in Agriculture

Host Site

Brown Hill Farms

Tunkhannock, Pa

For more information contact:

NTIEC

at **570-278-5038** or
mwalker@ntiec.com

NORTHERN TIER INDUSTRY & EDUCATION CONSORTIUM

AGRICULTURE & LEADERSHIP CAREER EXPERIENCE SUMMER PROGRAM

Week of July 22, 2024 – 9:00 am – 3:00 pm

PLEASE PRINT CLEARLY

Student Name: _____

Date of Birth: _____ Male/Female: _____

Address (Street, City, Zip Code): _____

Primary Phone: _____ Student Cell Phone: _____

E-mail: _____

School: _____ Entering Grade: 9 / 10 / 11 / 12 / New Grad
(Circle one)

PROGRAM HIGHLIGHTS:

Have you ever wondered what it would be like to work in the agriculture industry as a farmer, veterinarian, scientist? Well look no further... this summer career experience program was designed with you in mind!

Participants will spend the week learning about the various careers available in the agricultural industry from local experts. Students will meet at Brown Hill Farm, 405 E Avery Station Rd, Tunkhannock, PA 18657 each morning and will spend the day engaging in hands-on activities and field trips.

What agricultural profession are you most interested in learning more about? (Circle the number)

- | | |
|-------------------------------------|---|
| 1. Animal Science | 6. Plant Science |
| 2. Conservation | 7. Agricultural Science |
| 3. Food Science | 8. Biological Engineering (combines engineering, agriculture & environment) |
| 4. Toxicology | |
| 5. Veterinary & Biomedical Sciences | 9. Other: _____ |

Please use the area below to describe why you are interested in participating in this program.

NORTHERN TIER **NTIEC** INDUSTRY & EDUCATION CONSORTIUM

MEDICAL PROFILE AND RELEASE

Student Health

Student Name: _____

Date of Birth: _____ Male/Female: _____

Address (Street, City, Zip Code): _____

Home Phone: _____ Student Cell Phone: _____

MEDICAL PROFILE

The following information is requested so that we can insure the health and safety of the student.

List any medical conditions which the student is currently being treated for.

Check any of the following that cause the student problems and explain.

____ Asthma ____ Sinusitis ____ Bronchitis ____ Kidney Trouble ____ Hay Fever
____ Heart Trouble ____ Diabetes ____ Dizziness ____ Upset Stomach

List any medicines and/or substances to which the student is allergic.

List any food allergies, special diets/ needs (lunches and snacks provided for certain programs).

Fully Vaccinated for COVID: ____ Yes ____ No

Vaccinated for Flu: ____ Yes ____ No

If an injury/illness occurs during a program, what hospital do you prefer your son/daughter to be taken to: _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Phone: _____

Subscriber Name: _____ Phone: _____

MEDICATION ADMINISTRATION

I agree that my son/daughter shall bring medications which he/she is currently taking with him/her to the sponsored program, and that he/she shall consume the prescribed dosage for such medications. **NTIEC staff are not permitted to administer or supply any type of medication at any sponsored program.**

List Medications currently being taken by student *(if any)*.

MEDICAL RELEASE

I, on my own behalf and/or on behalf of the Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death). In the event of such illness or injury, I authorize **NTIEC program staff** to obtain necessary medical treatment of the minor and hereby, on my own behalf and on behalf of the Minor, release and hold harmless releases in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the program.

Student Name: _____

Address: _____

Signature: _____ Date: _____

If subject is a minor or lacks capacity, a parent or personal (legal) representative must sign.

Witness signature: _____ Date: _____

PERMISSION

I, the parent or guardian of _____, give permission for the named participant to attend the **Agriculture & Leadership Career Experience Summer Program** during the week of July 22, 2024 from 9:00 am – 3:00 pm. I understand the participant is responsible for securing transportation to and from the program. NTIEC will provide transportation for all field trips along with daily lunches and snacks.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

EMERGENCY CONTACT

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Emergency Contact Number: _____

Please return completed application to NTIEC as soon as possible via fax or e-mail to mwalker@ntiec.com to guarantee a spot as space is limited to 15 students!

\$50 Registration Fee - Make check payable to NTIEC and send to address on page 1 by June 14, 2024
(Scholarships available if assistance is needed; contact us at 570-278-5038)

NTIEC Educational Advisor Name: Colin Furneaux

NTIEC Educational Advisor Signature: _____ **Date:** _____
(Certified Teacher)