



July
15-19

NTIEC'S HEALTHCARE CAREER SUMMER EXPERIENCE

**For Students Grades 8-12
interested in a career in Healthcare**

**Learn about nursing, physical therapy,
surgery, medical imaging & more
Visit local colleges
Connect with local professionals**

**Host Site
Susquehanna County Career &
Technology Center
Springville, PA**

NTIEC

*For more information contact
Megan Walker at 570-278-5038
or mwalker@ntiec.com*

NORTHERN TIER INDUSTRY & EDUCATION CONSORTIUM

HEALTHCARE CAREER EXPERIENCE SUMMER PROGRAM

Week of July 15-19, 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)

What healthcare profession are you most interested in? (Circle the number)

- | | |
|---------------------------------|---|
| 1. Emergency Room | 7. Physical Therapy/Occupational Therapy |
| 2. Operating Room/Surgical Area | 8. Home Health |
| 3. Nursing/Patient Area | 9. Facilities (Plant Engineering/Food Service/Housekeeping) |
| 4. Laboratory | 10. Administration (Leadership/Medical Records/Accounting) |
| 5. Pharmacy | 11. Other: _____ |
| 6. Radiology | |

Please use the area below to describe why you are interested in participating in this program.
(Additional room on the back)

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 **Healthcare Career Experience Summer Program** during the week of July 15, 2024 from 9:00 am to 3:00 pm at the Susquehanna County Career and Technology Center at 2380 Elk Lake School Road, Springville, PA 18844. 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 lunch/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 8, 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)