

# NORTHERN TIER INDUSTRY & EDUCATION CONSORTIUM

## HOSPITAL EXTERNSHIP – APPLICATION FOR SPRING 2024 PROGRAM

**Barnes-Kasson County Hospital - Susquehanna**

**PLEASE PRINT CLEARLY**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address (Street, City, Zip Code): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

School: \_\_\_\_\_ Grade: 10 / 11 / 12  
(Circle one)

Recommending Guidance Counselor / Teacher: \_\_\_\_\_

### What healthcare areas 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                    |   |

List the classes you have taken in high school preparing you for a career in healthcare.

\_\_\_\_\_

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

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If you are approved for the externship will you be able to provide your own transportation to Barnes-Kasson County Hospital in Susquehanna? Yes \_\_\_\_\_ No \_\_\_\_\_

**PERMISSION**

I, the parent or guardian of \_\_\_\_\_, give permission for the named participant to attend the **Barnes-Kasson County Hospital Externship Program**. I understand that my son/daughter will participate in this six-week program every Monday from March 4 – April 15, 2024 *(with the exception of April 1st)* from 9:00 am – 12:00 pm *(the program will be canceled if school is delayed/closed due to weather and made up at the end)*. I will also allow my son/daughter to drive to the Externship Program if school transportation is not provided.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

**TO BE COMPLETED BY THE GUIDANCE DEPARTMENT**

What is students current GPA? \_\_\_\_\_

How many days absent last semester? \_\_\_\_\_ How many days tardy last semester? \_\_\_\_\_

Guidance Counselor Name: \_\_\_\_\_

Guidance Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**NTIEC Educational Advisor Name:** Colin Furneaux \_\_\_\_\_

**NTIEC Educational Advisor Signature:** \_\_\_\_\_ *(Certified Teacher)* **Date:** \_\_\_\_\_

**Please return completed application to NTIEC as soon as possible via fax or e-mail to [mwalker@ntiec.com](mailto:mwalker@ntiec.com) to guarantee a spot as space is limited!**

# NORTHERN TIER INDUSTRY & EDUCATION CONSORTIUM

## HOSPITAL EXTERNSHIP – EMERGENCY CONTACT

*Barnes-Kasson County Hospital – Susquehanna*

Program: Spring 2024

Student Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

***Please Print Clearly***

# NORTHERN TIER 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.

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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.

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List any food allergies, special diets or needs (as we provide lunches and snacks).

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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)*.

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### 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: \_\_\_\_\_

# NORTHERN TIER **NTIEC** INDUSTRY & EDUCATION CONSORTIUM

## STUDENT MEDIA CONSENT AND RELEASE FORM

*Throughout the year, student may be highlighted in efforts to promote Northern Tier Industry & Education Consortium (NTIEC) activities and achievements. Students may be featured in materials to promote and/or increase public awareness of our programs through newspapers, radio, TV, the web, DVDs, displays, brochures and other forms of media.*

I, as the **parent/guardian** of \_\_\_\_\_ hereby give NTIEC and its employees, representatives and authorized media organizations permission to print, photograph and record my child for use in audio, video, film or any other electronic, digital and printed media.

- a. This is with the understanding that neither NTIEC nor its representatives will reproduce said photograph, interview or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.
- b. I further release and relieve NTIEC, its Board of Directors, employees and other representatives from any liabilities, known or unknown, arising out of the use of this material.
- c. I understand that I have the right to ask NTIEC to stop the production of any photographs, films or other images. I also understand that I have the right to cancel this Permission before the photograph, film or other image is used.

I certify that I have read the Student Media Consent and Release form and fully understand its terms and conditions and any questions I may have had have been answered.

### **PLEASE PRINT CLEARLY**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

# NORTHERN TIER **NTIEC** INDUSTRY & EDUCATION CONSORTIUM

## HOSPITAL EXTERNSHIP – EXTERN GUIDELINES

### *Barnes-Kasson County Hospital (BK)*

Welcome to the Barnes-Kasson (BK) Externship Program. In a cooperative effort between NTIEC and BK, students will be provided with an educational work experience in areas of the healthcare occupation. The purpose of this program is to assist students in setting educational and/or career goals.

The externship will be a six-week experience conducted at BK every Monday from Mar 4 – Apr 29, from 9:00 am – 12:00 pm (with the exception of Apr 1). Students will receive a safety orientation and expectations of conduct on the first day along with a tour of the hospital. After orientation and the remaining weeks, student will spend time rotating through various departments.

#### **General Rules:**

- If the student will be absent, he/she **MUST** call their educational coordinator by 7:30 am and leave a message. This is mandatory!
- Notify the worksite internship coordinator if you are feeling sick on site.
- Respect Barnes-Kasson property, employees, and patients.
- Follow staff instructions at all times.
- Follow all guidelines regarding CONFIDENTIALITY.
- Cell phones **MUST** be turned off while in the hospital.
- Dress Appropriately:
  - Wear your name tag – if one is provided
  - Slacks or Khakis – with shirt/blouse are preferred and closed-toed, comfortable shoes
  - Unacceptable clothing
    - No shorts, jeans, sweatpants, leggings, or spandex
    - No halter/tube tops or t-shirts with writing on them
    - No dangling earrings or necklaces
    - No open-toed shoes
    - No perfume/cologne
- Ask, ask, ask questions; no question is a bad question. This is how we all learn!

We hope you enjoy your externship experience. Hopefully this experience will assist you with your career decision.

If you have any questions, please do not hesitate to contact Megan Walker at 570-278-5038 or via e-mail at [mwalker@ntiec.com](mailto:mwalker@ntiec.com).

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_