

# SAVE THE DATE!

## HEALTHCARE CAREER EXPERIENCE

*Week of July 15, 2019 - 9:00-3:00 daily*

**Attention Jr/Sr High School Students!  
Have you ever wondered...**



What it's like to perform surgery?

Work in the ER?

Have a career in Healthcare?

**Stop Wondering!**

**Students must be entering 8<sup>th</sup> - 12<sup>th</sup> grade**

**Learn and participate in hands-on healthcare activities, field trips, presentations by healthcare professionals**

**And Yes...have FUN too!**

### **WHO SHOULD ATTEND?**

Students interested in the medical field:  
all aspiring doctors, nurses, dentists,  
physical therapists, EMT, and other  
healthcare professionals.

### **WILL BE HELD AT:**

Susquehanna County Career  
& Technology Center (SCCTC)  
2380 Elk Lake Rd  
Springville, PA 18844

*\$50 Registration Fee — Space is limited to 15 participants*

## **Northern Tier Industry & Education Consortium**

*Your School-to-Work Connection*

*For more information contact Deb Tierney • 570-278-5038 • dtierney@ntiec.com*

# NORTHERN TIER INDUSTRY & EDUCATION CONSORTIUM

## SUMMER HEALTHCARE CAREER EXPERIENCE PROGRAM

Week of July 15, 2019 – 9:00 am – 3:00 pm

**PLEASE PRINT CLEARLY**

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

Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

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

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

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

School: \_\_\_\_\_ Entering Grade: 9 / 10 / 11 / 12  
*(Circle one)*

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

- |                                 |   |
|---------------------------------|---|
| 1. Emergency room               | 6. Physical therapy/home health                             |
| 2. Operating room/surgical area | 7. Facilities (plant engineering/food service/housekeeping) |
| 3. Nursing/patient area         | 8. Administration (leadership/medical records/accounting)   |
| 4. Lab/pharmacy                 | 9. Other: _____   |
| 5. Radiology                    |   |

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

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## PERMISSION

I, the parent or guardian of \_\_\_\_\_, give permission for the named participant to attend the **Summer Healthcare Career Experience Program** during the week of July 15, 2019. 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 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 [dtierney@ntiec.com](mailto:dtierney@ntiec.com) to guarantee a spot as space is limited!***

***Make check payable to NTIEC for \$50.00 to the following address by June 15, 2019***

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

## PERMISSION AND RELEASE

*Promotional/Educational Material*

I \_\_\_\_\_ understand that Northern Tier Industry & Education Consortium (NTIEC) is creating promotional and educational material about career awareness and preparedness and I would like to participate. In consideration of that opportunity, I hereby authorize NTIEC to make photographs, films or other images or depictions of me and to record my voice or my words, and to use the resulting materials (the "Materials") for any purpose, in any format, with any alterations, at any time. 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 agree that NTIEC will be the sole owner of the Materials and all rights in them, and NTIEC does not have to obtain my approval for use of the Materials at any time. I agree that I have no rights whatsoever in the Materials.

I agree never to make any claims against NTIEC for creating, using, or not using the Materials and therefore release and forever discharge NTIEC, its officers, directors, employees, agents, contractors and insurers from any claim, suit, demand or action arising from the creation or use of the Materials.

I intend this to be a legally binding document. I understand what this paper says, and if I had any questions, they have been answered.

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 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: \_\_\_\_\_