



COLLEGE OF
Health & Human Services TM

Northern Kentucky University
School of Nursing
and St. Elizabeth Healthcare present

PATHWAYS TO NURSING SUMMER CAMP

JUNE 21-24, 2022

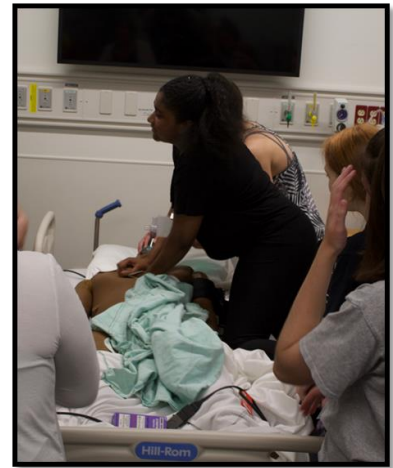


Pathways to Nursing, Summer Nurse Camp is for high school students (currently in 9th-11th grades) who like people, want a fast paced career, and want to make a difference! Learn more about nursing careers and the nursing role during the Pathways to Nursing Summer Nurse Camp at NKU and St. Elizabeth Healthcare.



Activities:

- Learn basic nursing skills.
- Tour St. Elizabeth facilities and observe clinical activities in a variety of settings such as emergency, labor and delivery, surgery and intensive care.
- Experience real-life scenarios in the Simulation Center at NKU and St. Elizabeth.
- Learn about NKU's College of Health and Human Services.
- 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 2022-2023 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 apply to Nurse Camp by submitting the 2 page Nurse Camp application (student information and agreements) to:

**Pathways to Nursing, Summer Nurse Camp
Northern Kentucky University
School of Nursing
1 Nunn Drive, Founders Hall 499C
Highland Heights, KY 41099**

2. Accepted students will be notified by mid-May and the following will be required by June 3, 2022:
 - a. Recommendation from a teacher or guidance counselor from your school (form attached).
 - b. Emergency Medical Authorization form (form attached).
 - c. \$100 non-refundable supply fee (checks or money orders should be made out to "CHHS-School of Nursing"). There is no other cost for the camp besides any incidental money you may choose to send with the student.
 Please check this box if you would like to apply for financial assistant to cover the cost of camp. If so, please include a narrative on a separate page describing your need.
 - d. Official copy of current immunization records signed by the physician/provider. This must include:
 - Two Measles, Mumps, Rubella (MMR) immunizations (or evidence of the disease).
 - Two Varicella (chickenpox) immunizations (or evidence of the disease).
 - Tetanus/Diphtheria/Pertussis (Tdap) immunization.
 - COVID-19 Vaccine (2 dose Pfizer or Moderna or a 1 dose Johnson & Johnson). A booster is not required at this time.
 - e. Official documentation of a Tuberculosis (TB) screening performed AFTER June 20, 2021. This can include a negative reading of a TB Skin Test (one-step or two-step), a QuantiFERON Gold Plus (QFT-Plus) blood test, or T-SPOT blood test. Results must be signed by the physician/provider. This test can be obtained at your family physician or at the Northern Kentucky Health Department.



PATHWAYS TO NURSING SUMMER CAMP APPLICATION (PAGE 1 OF 2)

Northern Kentucky University has joined with St. Elizabeth Healthcare to present the Pathways to Nursing Summer Nurse Camp. 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 all Nursing Camp activities at NKU and the St. Elizabeth facilities including the St. Elizabeth Education and Training Center. Applications are considered on a first come, first serve basis.

CAMP AGENDA:

Northern Kentucky University (including overnight)
9:00am on Tuesday, June 21 through 3:30pm on Wednesday, June 22nd
St. Elizabeth Healthcare/St. Elizabeth Education and Training Center
Thursday, June 23rd and Friday, June 24th
Approximately 8:00a.m. – 4:00p.m. each day

PLEASE PRINT

Form fields for personal information: First Name, Middle Name, Last Name, Address, City, State, Zip, Phone, Personal Email Address, Parent Email Address, Date of Birth, Gender, Current Grade, Shirt Size, Pant Size, High School, Allergies, Current Significant Medical Conditions.

Emergency contact information box: 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.



Transportation:

Parents or students must provide their own transportation to all Nurse Camp activities at Northern Kentucky University and any St. Elizabeth facilities including the St. Elizabeth Education and Training Center.

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 _____

Emergency Medical Authorization (due 06/03/2022 if accepted)

PATHWAYS TO NURSING SUMMER NURSE CAMP EMERGENCY MEDICAL AUTHORIZATION

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, or 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
	<i>If not, have you had a recent exposure to chicken pox in the last 2 weeks?</i>	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

Teacher/Guidance Counselor Recommendation (due 06/03/2022 if accepted)

**Teacher/Guidance Counselor Recommendation for
Participation in Pathways to Nursing Summer Nurse Camp
June 21-24, 2022
Northern Kentucky University and St. Elizabeth Healthcare**

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 and Human Services 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 the attention of Jackie Marsala, Pathways to Nursing – Summer Nurse Camp, NKU College of Health and Human Services, 1 Nunn Drive FH 499C, Highland Heights, KY 41099.

Student Name: _____ **GPA:** _____

U – Unsatisfactory

S – Satisfactory

E – Excellent

O – Outstanding

_____ 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, and interest in nursing.
Comments:

Other comments that might assist in the assessment of the student's application (feel free to use the back or a separate page):

Name of person providing reference: _____

Title: _____ **Circle one:** Guidance Counselor Teacher

School: _____

City: _____ State: _____ Zip: _____ Phone: _____

Signature: _____ Date: _____