



Northern Indiana Region



DISCOVER NURSING SUMMER CAMP 2010
APPLICATION REQUIREMENTS
MUST BE RECEIVED BY
4:00 PM ON APRIL 23, 2010

Mail this application, your TB test results, and a \$50.00 check payable to:
Purdue University Calumet/NWI-AHEC, to the following address:

*Northwest Indiana AHEC
Purdue Academic Learning Center
9900 Connecticut Dr.
Crown Point, Indiana 46307
(219) 756-1008*

Please Print Clearly:

Student's Name: _____

Home Address _____ City _____ State _____ Zip Code _____

() _____ High School _____
Area Code-Home Phone

Circle current grade level: Freshman Sophomore Junior Senior

Circle your shirt size: S M L XL XXL XXXL

Parent/Guardian's Name _____

Daytime Phone: () _____ Emergency Contact Number: () _____

I, _____ give permission for my child, _____ to participate in the Discover Nursing Summer Camp and if the opportunity arises during this event, to be photographed for informational or educational purposes. I understand that it is my responsibility to make transportation arrangements for my child to get to, and from the camp location and partnering medical facility. The camp is designed to provide introductory experiences in health care opportunities. However, through this experience students may be exposed to health risks such as contact with patients and body fluids. If any injury should occur, my child will be treated as needed. I further understand and support educating my child about patient confidentiality and allowing him/her to sign a patient confidentiality statement.

Parent/Guardian Signature _____ Date _____

CAMP LOCATIONS AND DATES

Please indicate desired camp location with the numbers 1 and 2 for your first and second choice.

All efforts will be taken to place students in the camp of their choice, but due to limited space availability, guarantees cannot be made.

_____ Ancilla College/ Starke Memorial Hospital	June 21-24, 2010
_____ Bethel College/ Saint Joseph Regional Medical Center, Mishawaka	June 14-17, 2010
_____ Indiana University Northwest/ Methodist Southlake Hospital, Merrillville	June 14-17, 2010
_____ Purdue University Calumet/Saint Catherine's Hospital, East Chicago	June 14-17, 2010
_____ Purdue University North Central/ La Porte Hospital, La Porte	June 14-17, 2010
_____ Valparaiso University/ Porter Hospital, Valparaiso	June 7-10, 2010

Please obtain the signature of a high school teacher or counselor as a recommendation for your participation in the nursing camp.

My signature indicates my recommendation for this student to attend a summer nursing camp.

High School Teacher/Counselor _____ **Date** _____

Tuberculosis (TB) Testing: (also known as Mantoux / PPD Testing)

In compliance with the Indiana Health Facilities rules regarding Tuberculosis, students who wish to participate in the Nursing Camp experience must provide documentation of a Tuberculosis skin test taken within the last nine (9) months, which indicates a negative result. Any student who has a positive reaction to the skin test will be required to provide a report of a negative chest x-ray reading /interpretation in order to participate in the Nursing Camp.

If you have not had a TB test within the last 9 months, please contact your physician or your local health department to schedule an appointment. (See information sheet with locations and fees)

Date of last TB screening _____ **(Attach documentation to this application)**

Have you ever had chickenpox? ___Yes ___No

Have you had the chickenpox vaccine? ___Yes ___No

HOW DID YOU FIND OUT ABOUT THIS CAMP?

___flyer or advertisement ___guidance counselor ___teacher ___friend ___other (please explain) _____

INCOMPLETE APPLICATIONS, THOSE WITHOUT TB TEST RESULTS, PROPER SIGNATURES OR PAYMENTS WILL NOT BE PROCESSED.

Confirmation of registration will be sent out by May 24, 2010.