

Hampton Exploring Health Careers Camp

Location: Hampton-Dumont High School Biology Rm / NIACC Health Simulation Center

Date: June 6th & 7th, 2022

Time: 9:00am – 2:00pm

Eligible Participants: Students entering 9th-12th grade

More Information: <https://www.niacc.edu/community/summer-camps/exploring-health-careers-camp/>

Cost is Free!

Check in will be at the Hampton-Dumont High School Biology Room

The Exploring Health Careers Camp is a great opportunity to explore a hands-on learning experience to help students explore careers in health care and is being offered locally in Hampton. The 1st day you will explore health careers with hands on activities throughout the day and the 2nd day, campers will be transported to the NIACC campus to spend the day in the state of the art, NIACC Health Simulation Center. Campers will learn essential skills related to working as a Licensed Practical Nurse (LPN) and Registered Nurse (RN), while exploring other opportunities in health care, as well.

We will teach you how to perform some essential job duties related to several health careers and have some fun while you learn. Campers will put their learning into action in the state-of-the-art Health Simulation Center. There campers will work with high fidelity manikins that breathe, blink, and are designed to build a health care practitioner's confidence and competence in patient care. They have heart sounds, lung sounds and can talk as well. NIACC also utilizes the latest audio video technology to record these sessions for live viewing and playback. See how these situations play out on the big screen!

Camp will begin on Monday, June 6th at 9:00 am and wrap up on Tuesday, June 7th at 2:00pm. Check in will be at the Hampton-Dumont High School Biology Room.

To ensure safety during lab time and tours, campers should dress in comfortable, clean clothes. Task appropriate dress is expected at all times. Safety equipment will be provided. Hair will need to be pulled back and safely secured when working in the labs. Due to safety concerns, campers will only be allowed to participate in activities if they are properly dressed for that activity.

For more information or to register please download and complete the registration and release form/s.

Mail and return the registration forms to:

Exploring Health Careers Camp 2022

Atten: Valeria Gonzalez

5 1st St. SW

Hampton, IA 50441

NIACC Admissions Enrollment Advisor & Success Coach for Diverse Populations

Valeria.Gonzalez@niacc.edu

1-641-422-4075 office

1-970-623-9530 cell/text

+19706239530 WhatsApp

Camp is limited to 15 campers so please register early.

North Iowa Area Community College will continue to monitor the COVID-19 pandemic. NIACC monitors the latest information from the Centers for Disease Control, the Iowa Department of Public Health, and local health officials. Face coverings continue to be required when on campus so bring a face covering with you.

NIACC Summer Camp

Registration and Release

Student's name and address: _____

Student's email address: _____

Student's cell phone number: _____

Student's first name to be used on name tag and/or nickname: _____

Student's T-Shirt Size: _____

Student's date of birth: _____

Student's Grade in Fall: _____

School Attending: _____

Name and address of Medical
Insurance Provider: _____

If medical insurance is provided through a Group, provide the name, address, and
Telephone number of the Group Provider (such as parent's employer):

Medical Insurance Account Number: _____

Name, address, and telephone number (home and work) of each parent or guardian:

(Name)

(Name)

(Address)

(Address)

(City)

(City)

(State)

(State)

(Zip)

(Zip)

(Work/Cell Phone)

(Work/Cell Phone)

(Home Phone)

(Home Phone)

(Email address)

(Email Address)

List any special physical or medical conditions or medication needs of student including any food allergies:

Medications- If your child requires medications; medication will be distributed in accordance with your instructions below. In all cases, only the recommended dosage of any medication will be given.

Please print the form below and send it with your child to turn in at check-in.

I request that my child, _____, be distributed the following medication:

Name of Medication:
Dosage:
How many times per day:
Time of the day:
Special Instructions:

I understand that North Iowa Area Community College does not employ medical professionals to distribute the above named medication to my child and that all medication will be distributed by someone without experience. As a result, I will not hold North Iowa Area Community College staff responsible for information not contained on this form. In all cases, only the recommended dosage of any medication will be given. If, after distributing the medication, there is an adverse reaction, I give permission to North Iowa Area Community College camp staff to contact a licensed hospital physician and/or medical personnel. I agree to be responsible for payment of any and all medical services rendered. I acknowledge that I have received, read, and understand North Iowa Area Community College policy for distributing medication.

(Parent or Guardian Name (Print))

(Date)

(Parent or Guardian Name (Print))

(Date)

Work Phone Number: _____

Home Phone Number: _____

Cell Phone: _____

Doctor's Name: _____

Doctor's Phone Number: _____

Alternate Contact Name: _____

By signing this Release, the student and student's parents or guardians acknowledge and agree:

1. That all information on the Registration is true and accurate and that eligibility of the student will be forfeited if any information is inaccurate.
2. That the student is physically fit and is able to participate in all activities as described in the camp description.
3. That NIACC is not responsible for or liable for any illness, injury to person, or damage to property resulting from the program in which the student is enrolling or from the student's participation in the program.
4. To release and hold harmless and its employer, agents, and volunteers from any and all claims of any kind that the undersigned may have or claim to have as a result of the students participation in the program.
5. To be solely responsible for any emergency medical care that may be required for the student.
6. That NIACC is not acting as an insurer or a provider of medical care.
7. That I grant permission for my student to take field trips off campus.
8. That I grant permission for NIACC to use my student's photographic image and/or name in Summer Camp publications and Media publications or reports.
9. That I agree to ensure the student will meet all camp safety guidelines.

Dated this _____ day of _____, 2022.

(Signature of Parent or Guardian)

(Signature of Parent or Guardian)