

Na-ha-shnee

14th ANNUAL NATIVE AMERICAN HEALTH SCIENCES INSTITUTE IN SPOKANE

JUNE 21 – JUNE 27, 2009

Native American Health Sciences Program
Washington State University - Spokane
Academic Center Rm 141B
PO Box 1495
Spokane, Washington 99210-1495
(509) 368-6884

PURPOSE: To provide an opportunity for Native American High School students to experience the Health Science professions. To encourage Native American students to pursue Health Science degree programs and to prepare themselves for their future.

PARTICIPATION: Invited Native American male and female students who will be entering the 10th, 11th, or 12th grade in Fall of 2009. Taking only students who live in the states of Washington, Oregon, or Idaho unless your Tribe or family pays transportation if live outside of these states.

REQUIREMENTS:

1. Letter of interest and expectations of your camp experience.
2. Immunizations: Hep A/B 1st shot started, TB test, yearly.
3. Minimum of "C" average.

COST: Free – with interest in the Health Sciences, such as nursing, medicine, dental, pharmacy, physical therapy, speech and hearing, and exercise physiology.

HOUSING: Students will stay in a dormitory located at Whitworth University. Food and lodging are provided at no cost to all students participating in the Summer Camp Institute.

TRANSPORTATION: Mini-Vans will provide all transportation for students to all destinations during their stay at camp.

DEADLINE FOR APPLICATION: Friday, May 1, 2009

TOPICS TO BE COVERED: First Aid, blood borne pathogens, vital signs, CPR (Cardiopulmonary Resuscitation), traditional herbal medicine, job shadowing, and hospital visitations. There also will be critical thinking and team building experiences.

LOCATION OF THE INSTITUTE: Washington State University, College of Nursing, 103 E. Spokane Falls Blvd., Spokane, WA 99210-1495.

For further information, please contact Robbie Paul, Director Native American Health Sciences at 509-368-6884 or e-mail paul@wsu.edu. You can also contact Raynel Begay at (509) 335-6718 or rbegay@wsu.edu.

PLEASE KEEP THIS PAGE FOR YOUR INFORMATION NEEDS

**INTERCOLLEGIATE COLLEGE OF NURSING
NATIVE AMERICAN HEALTH SCIENCES INSTITUTE
IN SPOKANE
JUNE 21 – June 27, 2009**

APPLICATION

Personal Information:

Last Name _____ First _____ M.I. _____

Phone Number _____

Mailing Address _____

_____ City _____ State _____ Zip _____

Gender; Female Male Birth date: _____ Present Age _____

Emergency Contact Persons and Phone Numbers (**two emergency numbers that work**)

1. _____ /2. _____

Native American / Tribe _____ Enrolled: _____

Education Background:

High School Presently Attending: _____ City _____

Year in High School: 10th 11th 12th post high school planning to attend college

Do you speak any languages other than English fluently? Yes No If yes, what language _____

Do you plan to attend college? Yes No

2 year college 4 year college other (specify) _____

Will you be attending college next year? Yes No If so, where? _____

Have you attended any other pre-college or summer programs? Yes No

If yes, which one/s and when?

What are your career choices at the present time?

A. _____ B. _____ C. _____

Na-ha-shnee

Letter of interest or expectations of your camp experience

In 100 to 200 words tell us what you expect to get out of your camp experience. State your specific interests in the Health Science field. For example: Are you interested in ...

- a. emergency room nurse
- b. mother/baby care
- c. pediatrics
- d. forensic nursing
- e. medicine
- f. pharmacy
- g. speech and hearing
- h. exercise management

**WASHINGTON STATE UNIVERSITY (WSU)
Native American Health Science Institute
For Parents or Guardians of Participants Under 18 Years of Age
June 21st – 27th, 2009**

ASSUMPTION OF RISK

I understand that there are risks in participating in lab activities, CPR first aid training, classroom workshops, and a water aerobics class at the Native American Health Science Institute activities at Washington State University (WSU).

In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.

Risks in participating in the Native American Health Science Institute activities including lab activities, CPR first aid training, classroom workshops include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck or spinal injuries, loss or use of arms and/or legs, eye damage, disfigurement, burns, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the Native American Health Science Institute activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child or property.

RELEASE OF LIABILITY

I release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury of my child, as a result of or connected with participation in the above event. My child's participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activity connected with the event itself, and use of state equipment or facilities for the event whether on or off WSU property. **I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I sign it freely and voluntarily.**

DATED THIS _____ DAY of _____, 2009

Name of Parent or Guardian (Printed)

Signature

Name of Minor (Printed): _____

Witness's Name (Printed)

Witness's Signature

Please mail or fax (509) 324-7341 this application to:

**Robbie Paul, PhD
Director, Native American Health Science
Washington State University Spokane
Academic Center, Rm 141B
PO Box 1495
Spokane, Washington 99210-1495**

**If you have any questions, please contact
Robbie Paul at 509-368-6884, paul@wsu.edu
Or Raynel Begay at 509-335-6718,
rbegay@wsu.edu.**

As parent or legal guardian, I authorize _____
(student)

to attend the Summer Institute and all field trips that occur during:

DATE: June 21 – June 27, 2009

PLACE: Transportation in Spokane and to WSU Pullman Campus for activities of the Summer Nursing Institute.

I understand the students will be transported by mini -vans provided by the Summer Institute.

NAME: _____
(Signature of Parent/Guardian)

DATE: _____

PARENT/GUARDIAN HOME PHONE: _____

PARENT/GUARDIAN BUSINESS OR OTHER EMERGENCY PHONE (NEIGHBOR, RELATIVE, ETC.): _____

**YOUR CHILD/STUDENT WILL NOT BE ABLE TO ATTEND THE
FIELD TRIP WITHOUT THIS SIGNED PERMISSION FORM.**

_____ (print student's name) and his/her parent or guardian, hereby grant permission to Washington State University (WSU) to be photographed or otherwise have images or voice recordings made (including but not limited to digital photographs, video or digital moving images and/or voice recordings), for WSU publication or promotional purposes in any medium (including but not limited to print media, newspaper, television, video, motion picture, or Web site on the Internet)

I additionally consent to the use of the student's name and/or interview comments in connection with WSU publication or promotional purposes in print media, newspaper, television, video, motion picture, or Web site on the Internet.

We understand that consent to use of the student participant's likeness or voice recordings is not a condition of participating in the activity and that consent can be refused without any impact in the ability to fully participate in the program.

No inducements or promises beyond our acceptance of an opportunity to promote WSU and its programs have been given to the persons signing below.

Any other use of images and/or recordings, my name, and/or interview comments requires advance permission.

We understand that we can revoke this consent at any time upon notice to WSU, at which time either or both of us will sign a copy of the denial (below) for use of images or voice recordings.

We agree to use of digital images or voice recordings as set forth above:

Signature of Parent/Guardian (for participant less than 18 years of age) Date _____

Signature of Witness (required) Date _____

Signature of Participant Date _____

Signature of Witness (required) Date _____

We do not agree to use of digital images or voice recordings as set forth above:

Signature of Parent/Guardian (for participant less than 18 years of age) Date _____

Signature of Witness (required) Date _____

Signature of Participant Date _____

Signature of Witness (required) Date _____

Application Packet Check Off list:

1. Letter of your interest and expectations
2. Application returned no later than May 1, 2009

Once you have been accepted then you will be sent a letter of acceptance and a packet of forms to be signed and returned by June 8, 2009. Some of the forms are listed below; there will be others depending on if you are first year student or a returning student.

IMPORTANT things to be started before you come to camp:

1. First shots of Hep A and Hep B started
2. Immunizations up to date including TB test, which is a yearly test
3. Mail Emergency Medical Release from no later than June 8, 2009
4. Mail Participant Health form no later than June 8, 2009
5. Mail proof of shot records no later than June 8, 2009
(Copy of original records is fine)
6. Mail Human Anatomy Lab permission form by June 8, 2009
7. Mail Personal Respect Contract as participant in the Na-ha-shnee Institute by June 8, 2009

Please mail or fax (509) 358-7538 this application to:

Robbie Paul, MS
Native American Health Sciences Program Program
Washington State University Spokane
Academic Center Rm 141B
PO Box 1495
Spokane, Washington 99210-1495

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