

Summer CAMP

HEALTH CAMP 2024

Healthcare Careers  
**SUMMER CAMP**  
for High School Students

**JUNE 18 - 20**

*Breakthrough* @ **Barry**  
University

# Summer CAMP

## ABOUT HEALTH CAMP

This FREE, three-day summer camp introduces high school students to some of the many careers available in the healthcare industry.

Students will have an opportunity to participate in hands-on learning activities including intubation and birthing simulation, as well as anatomy and chemistry labs.

### APPLY NOW | SPACE IS LIMITED

#### STEP 1

Scan the QR code and enter your information, or visit:  
[barry.edu/healthcamp](http://barry.edu/healthcamp)

#### STEP 2

Complete pages 3 thru 6 of this application

#### STEP 3

Email the completed application (pages 3 thru 6) to [healthcamp@barry.edu](mailto:healthcamp@barry.edu)



### IMPORTANT NOTICE:

Healthcare Careers Summer Camp (Health Camp) is an exclusive event with a limited capacity of 24 students. Admission is granted solely at the discretion of Barry University. Please be aware that applications must be received before midnight on May 10, 2024. Applications submitted past this deadline will be considered invalid.

### FOR FURTHER INFORMATION CONTACT

[healthcamp@barry.edu](mailto:healthcamp@barry.edu)

**BARRY UNIVERSITY**  
**PARENT/GUARDIAN CONSENT TO**  
**PHOTOGRAPHY/VIDEOTAPING**

I, the parent/guardian of \_\_\_\_\_ (“minor child”), hereby give consent and permission to Barry University, Inc. (“University”) and its staff, employees, agents and volunteers to take and make use of still and digital photographs, pictures, slides, negatives, videotape recordings, television transmissions, motion pictures and voice recordings (“Recordings”) of my minor child and me for promotional, public relations or other legitimate University purposes which may include use of the internet and social media.

I understand and agree that any such Recordings taken of my minor child and me shall be the sole property of the University and that I shall not be entitled to any compensation or remuneration as the result of the use of these Recordings nor will I have any control over the use of such Recordings. I understand that any such Recordings may reveal the identity of my minor child and me through use of the image itself.

I hereby waive any and all present and future claims I may have against the University and its staff, employees, agents and volunteers for use of such Recordings for promotional, public relations or other legitimate University purposes, which may include the use of the internet and social media.

I have read this Parent/Guardian Consent to Photography/Videotaping, have the authority to sign on behalf of my minor child and myself, and sign voluntarily. This consent shall remain valid unless and until revoked in writing.

NAME OF MINOR CHILD: \_\_\_\_\_

STUDENT MOBILE PHONE: \_\_\_\_\_

NAME OF HIGH SCHOOL: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

**PARENT/GUARDIAN - EMAIL ADDRESS:** \_\_\_\_\_

PARENT/GUARDIAN - MOBILE PHONE NUMBER: \_\_\_\_\_



PARENT/GUARDIAN - SIGNATURE *(must be signed and dated manually)*

DATE

**BARRY UNIVERSITY**  
**PARENTAL CONSENT FOR MINOR CHILD'S PARTICIPATION,**  
**WAIVER AND RELEASE OF LIABILITY,**  
**AND ASSUMPTION OF RISK AGREEMENT**

**PROGRAM: Health Care Careers Summer Camp (aka: Health Camp)**

**DATE(S): June 18, 2024 thru June 20, 2024**

**PROGRAM DESCRIPTION: Daytime summer camp program designed  
to teach students about careers in the health sciences.**

- 1 of 2 -

FOR GOOD AND VALUABLE CONSIDERATION, including permission for:

\_\_\_\_\_ (“minor child”) to participate in the Program and related events and activities (hereinafter collectively referred to as “the Program”), I, the parent/guardian of the minor child, for myself and on behalf of my minor child agree to the following:

- 1) I have read all materials provided to me regarding the Program, I have asked and received sufficient answers to my questions about the Program, I have made myself familiar with the Program and therefore I consent to my minor child's participation in the events and activities associated with Barry University's Program;
- 2) I warrant that my minor child is in good health and has no physical condition that would prevent him/her from safely participating in the Program. If my minor child has any medical or physical limitation, I have made the Program's staff aware of such limitations in writing in advance of my minor child's participation in the Program or any portion of the Program;
- 3) I assume any and all risks of personal injuries to the minor child and authorize **BARRY UNIVERSITY** to seek out and obtain any medical treatment that may be deemed necessary for the care and well-being of my minor child, including by not limited to emergency medical services, urgent care services, emergency transportation services such as an ambulance, or hospitalization (hereinafter described a “medical treatment”). If any such medical treatment is provided to my minor child, I agree to be responsible for the payment of all bills related to the provision of such medical treatment to my minor child whether or not I have health care insurance.
- 4) I understand that COVID-19 is a widespread virus/disease and its spread within the community creates risk. I acknowledge that Barry University cannot prevent me or my minor child from becoming exposed to, contracting, or spreading COVID-19 while attending the Program. It is not possible to completely prevent the presence of the disease. Therefore, by choosing to attend Barry University's Program and/or enter onto Barry University's premises (owned or leased), I realize my minor child or I may be exposed and/or increase the risk of contracting or spreading COVID-19. ASSUMPTION OF RISK: I understand that by agreeing to attend the Program or otherwise come onto campus or any property leased or owned by Barry University, I assume all risks attendant thereto, including the risk of contracting COVID-19 on behalf of my minor child and myself.



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5) I release, waive, discharge and relinquish **BARRY UNIVERSITY**, and its officers, employees, volunteers, and agents from any liability, loss, damage, claim, demand or cause of action against them attributable to the minor child's participation in the Program, a non-commercial, community-oriented activity;

6) I covenant not to sue or present any claim for personal injury, property damage, or wrongful death for or on behalf of the minor child against **BARRY UNIVERSITY**, and its officers, employees, volunteers and agents which is attributable to the minor's participation in the Program, a non-commercial, community-oriented activity.

7) SIMULATIONS. I understand that my minor child will be exposed and/or participate in to simulations that include anatomically correct manikins to illustrate childbirth and/or intubation, as well as imitation bodily fluids such as afterbirth and blood from traumatic injury demonstrations. I consent to my minor child's exposure to and/or participation in these anatomically correct simulations. If the simulations are broadcast virtually, it is my responsibility to shield other non-participants (i.e., other children or family members) from viewing these simulations if I do not want them to view the simulations.

8. PHOTOGRAPHY AND SOCIAL MEDIA. I will impress upon my minor child that no video or photography can take place during the simulated childbirth and therefore no images of the birthing simulation can be posted or live-streamed on any social media network. I will inform my minor child that photography, video and social media can take place before and after the actual birthing simulation.

I/We have read this document, have the authority to sign on behalf of myself and my minor child, and sign voluntarily.



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Parent/Guardian Name

Parent/Guardian Signature (*must be signed and dated manually*)

Date

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Parent/Guardian Address: Street / City / State / Zip

## EMERGENCY CONTACT INFORMATION

**Minor Child's Name\*** \_\_\_\_\_ **Date of Birth\*** \_\_\_\_\_

**Parent or Guardian Name (#1)\*** \_\_\_\_\_

**Address\*** \_\_\_\_\_

**Mobile Phone\*** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Parent or Guardian Name (#2)** \_\_\_\_\_

**Address** \_\_\_\_\_

**Mobile Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Emergency Contact Name\*** \_\_\_\_\_ **Relationship\*** \_\_\_\_\_

**Address** \_\_\_\_\_

**Mobile Phone\*** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Food Allergies\*** \_\_\_\_\_

**Medicine Allergies\*** \_\_\_\_\_

**Other Allergies (i.e., latex)\*** \_\_\_\_\_

**Current Medications (Type, amount, frequency) or Medical Conditions\*** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Blood Type (if known)** \_\_\_\_\_

**Name of Medical Insurance** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Group #** \_\_\_\_\_ **Member #** \_\_\_\_\_

**Pediatrician Name\*** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone\*** \_\_\_\_\_

\*INDICATES REQUIRED FIELD

# AGENDA

# Camp



## ATTENTION FUTURE CAMPERS

**From June 18 - 20**  
Tag @BarryUHealth on IG  
+ use #BarryUHealthcamp

**For a chance to  
WIN 1 of 2  
\$50 Amazon  
Gift Cards**

## TUESDAY June 18, 2024

10:00 AM – 10:30 AM

### Camp Overview

10:30 AM – 11:30 AM

### Anatomy Lab

Podiatry is an engaging career treating diverse foot and ankle conditions, including surgical procedures.

11:30 AM – 12:30 PM

### Adult and Pediatric Basic Life Support

Physician Assistants diagnose and treat patients in collaboration with physicians.

-- Lunch --

2:00 PM – 4:00 PM

### Pediatric Birthing Simulation + Obstetrics

Pediatric nurses administer care and assist in patient health management.



# Camp AGENDA

## WEDNESDAY

June 19, 2024

10:00 AM – 11:30 AM

### Stop the Bleed Training

Learn how to stop bleeding in emergency situations to prevent unnecessary deaths from hemorrhage.

11:30 AM – 12:30 PM

### Medical Proficiency Skills

Physician Assistants diagnose and treat patients in collaboration with physicians.

-- Lunch --

2:00 PM – 4:00 PM

### Exercise Psychology and Physiology, Biomechanics Lab + Athletic Training

Careers in Sport and Exercise Sciences involve studying and applying scientific principles to enhance physical performance, health, and well-being.

## THURSDAY

June 20, 2024

10:00 AM – 11:30 AM

### Activities for Daily Living Lab

Occupational Therapists help patients develop or recover the skills needed for daily living and work through therapeutic activities.

11:30 AM – 12:30 PM

### Student Panel

Barry University students will answer all your college questions!

-- Lunch --

2:00 PM – 3:45 PM

### Using PPE for Infection Control + Code Blue Simulation

Nurse anesthetists administer and manage anesthesia for patients undergoing surgery.

3:45 PM – 4:00 PM

### Health Camp Completion Certificates

