



254 Easton Avenue  
New Brunswick, NJ 08901  
732-745-8600 • www.saintpetershcs.com

February 7, 2018

Dear Parent/Guardian:

On behalf of Saint Peters University Hospital, thank you for your interest in our upcoming **Camp Jessie Healthcare Career Camp**. The camp will run for five days starting on, **June 25<sup>th</sup>, 26<sup>th</sup>, 27<sup>th</sup>, 28<sup>th</sup>** and ending on **June 29<sup>th</sup>**, from **9 a.m. to 3:00 p.m.** for students entering the 10<sup>th</sup> or 11<sup>th</sup> grade in September 2018. If you and your child believe that this camp is of great value, we ask for your commitment to all five days to ensure that your child receives the camp's fullest potential. There is a closing ceremony on Friday, June 29th at 2 p.m. and family members are invited to attend.

This year we are fortunate to have two Registered Nurses for all five days facilitating the camp. Both nurses have worked at Saint Peters for several years and are very interested in working with the campers. Jessie Kukor, a Saint Peter's volunteer, has worked with the camp for the past 15 years and assists with the day to day camp program.

Tours of specific areas of interest (Emergency Department, Laboratory, Cardiology, Radiology, and Pharmacy, etc.) will be given, along with educational and motivational lectures. Nutrition and Human Resources will meet with the campers to give helpful tips for a healthy diet and interview tips. Lunch will be provided on the final day of camp.

The students will be continuously monitored and escorted throughout the hospital for their safety and well-being. We ask that when you drop your child off in the morning, please use the patient drop-off area located just before the parking deck.

T-shirts will be issued the first day and worn throughout camp. Sneakers will be considered acceptable footwear as long as they are clean and in good condition. If you or your child has any questions or concerns, we greatly encourage you to call Stephanie Fitzsimmons RN, APN at (732) 745-8600, ext. 8662 or [sfitzsimmons@saintpetersub.com](mailto:sfitzsimmons@saintpetersub.com). While filling out the registration form, please feel free to indicate if your child has any specific interest, and we will try our best to see that they get extra attention in that area. We look forward to meeting with you and your child this June and are confident that this experience will be a rewarding one for your child.

This is our fifteenth year hosting the camp and it has become very popular. Please submit your application as quickly as possible. If the \$45 fee prohibits your child from attending, **there are scholarships available**. Please write a short note with your application and I will contact you by phone or email to discuss the scholarship. **Do not send payment till** you receive an acceptance letter.

The attached forms should be completed by March 29<sup>th</sup>, and returned to Stephanie Fitzsimmons, at Saint Peters University Hospital, 254 Easton Avenue, New Brunswick, NJ 08901.

Sincerely,

Stephanie Fitzsimmons EdD, MSN, RN, APRN -BC  
The Nurse Marketing & Mentoring Committee



**Camp Jessie**  
**Health Career Camp**  
**June 25<sup>th</sup>, 26<sup>th</sup>, 27<sup>th</sup>, 28<sup>th</sup> and 29<sup>th</sup>**  
**9:00am – 3:00pm each day**  
**Location: Saint Peters Main Hospital**

1. **Program Objective:**  
Familiarize high school students with prospective career opportunities in health care.
  
2. **Participants:**  
High School Students entering the 10<sup>th</sup> or 11<sup>th</sup> grade. Maximum 20 participants committed to participating five days. Camp uniform will be provided for use during camp. Clean sneakers required.
  
3. **Apply by March 29th, 2018**
  
  
4. **Confirmation Letter will be sent by May 1, 2018.**
  
  
5. **Students who drive themselves must send a note with the application so we can plan on parking. There is a \$5 fee to park in the deck.**

**Contact with questions:**

Stephanie Fitzsimmons EdD, MSN, RN, APRN - BC  
732-745-8600, ext. 8662  
sfitzsimmons@saintpetersuh.com



[www.saintpetersuh.com](http://www.saintpetersuh.com)

**Camp Jessie  
REGISTRATION FORM  
HEALTH CAREER CAMP 2018**

<b>REGISTRATION FORM</b>	Complete form and mail to: Saint Peter's University Hospital 254 Easton Avenue, New Brunswick, NJ 08901 Attn: Stephanie Fitzsimmons <a href="mailto:sfitzsimmons@saintpetersuh.com">sfitzsimmons@saintpetersuh.com</a>
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Participant's Name: _____ Last _____ First _____
Name of High School: _____
Home Address: _____
Phone Number: _____ email address: _____
Grade in Sept. '18: _____ Date of Birth: ____/____/____ Sex: M ___ F ___
Uniform Size (Small Medium Large XL) Top _____ Pants _____

<b>Adult Parent or Guardian</b>	Last Name: _____
	Address: _____
	City: _____
	Home Phone: _____ Work: _____ Emergency: _____
	Cell Phone: _____

**WAIVER FOR PARTICIPANT AND/BY PARENT**

In consideration of your accepting my or my child's entry, I hereby, for myself, my child, or heirs, executors, and administrators, waive and release any and all rights and claims for damages I or my child may have against Saint Peter's University Hospital and its representatives, officers, employees, agents, successors and assigns for any and all injuries suffered by myself or my child on any activity sponsored by these groups. I do hereby grant and give these groups the right to use my or my child's photograph or image with or without my child's name both single and in conjunction with other persons or objects for any and all purposes including, but not limited to private or public presentations, advertising, publicity and promotion relating thereof. I warrant that I have the right to authorize the forgoing uses and do hereby agree to hold Saint Peter's University Hospital harmless of and from any and all liability of whatever nature, which may arise out of result to such uses. For the consideration stated above, I further agree that in the event that my child repudiates or attempts to repudiate such release, I will personally indemnify and save harmless Saint Peter's University Hospital, its successors and assigns, for any and all loss and damage occasioned thereby.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to participant(s):  Parent  Guardian

**IN CASE OF AN EMERGENCY** – Please provide the names of one emergency contact (other than a parent) who is in *close proximity* to Saint Peter's University Hospital (15 minutes travel time), and available during the day. **We always attempt to contact the parent/guardian first.**

**EMERGENCY CONTACT OTHER THAN PARENT**

	<u>PARENT/GUARDIAN</u>	<u>EMERGENCY CONTACT</u>
Name:		
Address:		
Home Phone:		
Work Phone:		
Cell Phone:		

**ALLERGIES (MEDICATIONS, FOOD, INSECT BITES, LATEX, OTHER):**

Inhaler Required? \_\_\_ YES \_\_\_ NO      Does Camper Wear Contact Lenses? \_\_\_ YES \_\_\_ NO  
Does Camper Wear a Dental Appliance? \_\_\_ YES \_\_\_ NO

Medications: \_\_\_\_\_

Is there any reason participation in this camp may be limited? \_\_\_\_\_