

Summer Youth Enrichment Institute

National Black Nurses Association, Inc. 46th Annual Institute and Conference



CONSENT FORM IS DUE NO LATER THAN JULY 15, 2018

Friday, August 3, 2018 • 7:30 am - 4:00 pm

7:30 am Registration and Breakfast
9:00 am Depart for Goldfarb School of Nursing
12:30 pm Lunch at the hotel
4:00 pm Pick-up at hotel

St. Louis Union Station Hotel
Frisco/Burlington Room, Second Floor
1820 Market Street, St. Louis, MO
Main phone number: 314-231-1234

NBNA Summer Youth Institute Service Project

We Are Inviting All Attendees to Join Us in Giving!

The St. Louis Chapter has selected two most worthy community programs that focus on providing some of the most basic necessities for teenagers and young parents. We would ask you to generously support the students at the Charles E. Sumner High School, and Vision of Virtue which provides resources and support for young parents. Both of these programs are in the inner city. The Family Care Specialist at the school finds that there is a critical need for personal care items.

If your child is participating in the Summer Youth Program, we invite you to share with them how giving these items which are often taken for granted would be a most welcomed gift to these young people.

Donations will be accepted from Sunday, July 29 to Thursday, August 2 in the NBNA National Office, Station Master Room, Midway Level, West or at the NBNA Registration Area located in the Midway Foyer, East.

Wish List!

deodorant (boys & girls) ■ toothpaste ■ kids & adult toothbrush (soft bristle)
bar soap (white only) such as Ivory, Dove, Dial ■ hand/body lotion
washcloths (plain white) ■ diapers (all sizes) ■ maxi pads & tampons

SUPPORTING COMMUNITY PARTNERS



visionofvirtueorg.wixsite.com/-org



For more information visit: www.NBNA.org

YOUTH ENRICHMENT INSTITUTE CONSENT FORM DUE NO LATER THAN JULY 15, 2018

PLEASE PRINT CLEARLY

PARTICIPANT'S NAME _____ MALE FEMALE

PARENT OR GUARDIAN'S NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL (PRINT CLEARLY) _____

Please check the appropriate selection:

YOUTH REGISTRATION: Age (Ages 8-10 Years)

TEEN REGISTRATION: Age (Ages 11-18 years)

Organizational Affiliation _____ CITY _____ STATE _____
(NBNA Chapter, Church, School)

HEALTH INFORMATION

The following medical information must be completed in order for the student to participate in the NBNA Summer Youth Enrichment Institute. **CHILDREN WHO HAVE A CHRONIC CONDITION OR REQUIRE MEDICAL ATTENTION MUST HAVE A PARENT ACCOMPANY THEM THROUGHOUT THE DAY.**

Yes, I understand that the NBNA is hosting a daylong enrichment program that is designed to increase the awareness and the understanding of the role of nurses in the health care industry.

Consent for Medical Treatment

I, the lawful parent/guardian of, in the event of an emergency may be reached at:

HOME PHONE _____ CELL PHONE _____

If I am unavailable, please contact:

NAME _____ RELATIONSHIP _____

HOME PHONE _____ CELL PHONE _____

I understand that all participants must follow rules set forth by NBNA during the Summer Youth Enrichment Institute and follow instructions given by chaperones, nursing or medical advisors. I acknowledge that neglecting these policies will result in the dismissal of the participant from the Institute. I further agree to immediately make arrangements to pick up the participant if notified of a need for dismissal.

I understand that first aid treatment will be available on campus and, if necessary, the participant will be taken to the nearest hospital in St. Louis for medical treatment. I hereby consent to the giving of first aid and medical treatment by a qualified provider and acknowledge my responsibility for any additional costs incurred in the treatment of the participant.

In the case of an emergency treatment of procedure including surgery, I understand that NBNA and medical personnel will attempt to contact me to obtain my approval. In the event I am unable to be reached, I hereby authorize the attending physician to administer any treatment, including surgery, which he or she deems necessary. If I refuse to permit the participant to receive such treatment, I agree to immediately pick up the participant and transport him/her home.

RELEASE OF LIABILITY

I give permission for the above named student to attend the NBNA Summer Youth Enrichment Institute which will take place during the NBNA Annual Conference. I hereby agree to not hold the National Black Nurses Association or Goldfarb School of Nursing, liable for personal injury, lost, stolen, and or damaged property to, from, or by my child. I acknowledge that my child will travel from The St. Louis Union Station Hotel to Goldfarb School of Nursing in St. Louis by private motor coach.

I hereby consent to and authorize the reproduction, publication, and use by the NBNA for advertising, commercial, or any other purposes, of any photograph, picture or likeness of the above named participant.

My signature below indicates I have thoroughly read the information on this form and I agree to and accept these provisions. Furthermore, I affirm that the information I have provided is true to the best of my knowledge and that I am the parent/legal guardian of the above named participant.

GUARDIAN SIGNATURE

DATE

All participants must have a signed consent form on file to participate in the NBNA Summer Youth Enrichment Institute. NBNA prefers to receive the form prior to your arrival. We must receive your completed application and consent form prior to the day of the event.

USE OF IMAGE PARENTAL/GUARDIAN CONSENT FORM

We are sending you this parental consent form to both inform you and to request permission for your child's photo/image and personally identifiable information to be published on the NBNA web site.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the internet does not allow us to control who may access such information. These dangers have always existed. However, we as a professional organization do want to celebrate your child and the works that he or she accomplished during this program. The law requires that we ask for your permission to use information about your child.

Pursuant to law, we will not release any personally identifiable information without prior consent from you as a parent or guardian. Personally identifiable information includes student names, photo or image, residential addresses, e-mail address, and phone numbers.

If you as the parent or guardian wish to rescind this agreement, you may do so at any time in writing by sending a letter to the Executive Director of the National Black Nurses Association and such rescission will take effect upon receipt by the Executive Director. Please send an email to info@nbna.org.

Check the following choices:

- I/We **GRANT** permission for a photo/image that includes this participant without any other personal identifiers to be published on the NBNA website.
- I/We **GRANT** permission for a photo/image that includes this participant with all personal identifiers to be published on the NBNA website.
- I/We **DO NOT GRANT** permission for a photo/image that includes this participant with all OR NO personal identifiers to be published on the NBNA website.

PLEASE PRINT CLEARLY

PARTICIPANT'S NAME _____ MALE FEMALE

PARENT OR GUARDIAN'S NAME _____ RELATIONSHIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL (PRINT CLEARLY) _____

SIGNATURE

RELATIONSHIP

DATE

Would you like to volunteer as a chaperone for the NBNA Summer Youth Leadership Institute? Yes No

NAME _____ CELL _____

EMAIL (PRINT CLEARLY) _____

Please email Dianne Mance: dmance@nbna.org

NBNA Website: www.NBNA.org

National Black Nurses Association, Inc.

8630 Fenton Street, Suite 900

Silver Spring, MD 20910 301 589 3200