

Dear Parents and Students,

We are excited to announce Henry Ford Jackson in partnership with the Jackson Area Career Center will be hosting our third annual summer health care camp, free of cost to thirty (30) Jackson area students, currently in grades 6th - 9th. Our day camp will take place **Monday June 16th- Friday June 20th, 2025**. Our camp will provide students with an opportunity to learn about health care related careers, learn directly from our team of diverse professionals, participate in hands on activities, and much more!

Below are some of the healthcare careers your student will have the opportunity to learn about:

- Emergency Care / First Responders
- Physical Therapy
- Sports Medicine
- Nursing
- Imaging
- Surgery
- Respiratory Therapy
- Lab and Diagnostics

The 2025 Health Care Camp will be held at Henry Ford Jackson Hospital Monday, Tuesday and Thursday, and the Jackson area Career Center Wednesday, and Friday. Parents will have the option to drop their student off at the specified camp location, or at one of the three designated bus stops.

Parents who would like to transport their child themselves directly to the camp site, will need to ensure their student is dropped off between 7:55am-8:00am, then picked up from the same location between 2:55pm-3:00pm. Parents who would like their child to be transported by bus (JCISD), will need to drop off and pick up their student from one of the three camp bus stop locations. Students will be accompanied by a camp counselor at all times. Students who are riding the bus must be picked up by their parent/legal guardian, and this individual must show a valid photo I.D. before the student can be released. Information pertaining to the bus route, pick up, and drop off times will be communicated at a later date. Henry Ford Jackson and the Jackson Area Career Center will provide students with a t-shirt, goodie bag, lunch, and snacks throughout the day.

Please Note: All students will be required to receive all vaccinations and testing (Camp Vaccination Timeline included with the application) required by Henry Ford Health's compliance standards and the CDC. After you have completed the below application, and your student has received all vaccinations and required testing, please email your student's completed application and official State of Michigan Immunization Record to Cierra Sylvester via email (csylves4@hfhs.org), no later than **Monday May 12th, 2025**.

Once your student's application and official State of Michigan Immunization Record is received you will receive a confirmation email indicating next steps. Your students State of Michigan Immunization Record will be sent to Henry Ford Jackson's Employee Health to verify vaccination administration and testing. Henry Ford Jackson's 2025 Summer Health Care Camp has limited spaces. We will be selecting a total of thirty (30) students. Students will be selected based on the order in which their application is submitted (first come first serve), as well as their short essay response.

If you have any questions, please feel free to contact me via email at (csylves4@hfhs.org).

Sincerely,

Cierra Sylvester
Community Engagement
Henry Ford Jackson Hospital

Henry Ford Jackson Summer Health Care Camp Application

Due Monday May 12th, 2025

Student and Parent Information

Student Name: _____
 First Middle Initial Last

Student Date of Birth: ____ / ____ / ____
 Mo. D Yr.

Parent/Legal Guardian Name: _____
 First Middle Initial Last

Parent/Legal Guardian Phone: _____

Parent/Legal Guardian Email: _____

Home Address: _____
 Street

 City State Zip Code

Name of Middle School: _____

Current Grade (*Fifth, Sixth, Seventh, Eighth*) _____

Emergency Contact:

Name: _____ Relationship: _____

Cell Phone: _____ Home or Work Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Home or Work Phone: _____

Student Short Essay:

In one paragraph please share why you are interested in healthcare and want to participate in our Health Care Camp.

Allergies and Prescription Medications:

Known Allergies: _____

Current prescribed medications student would need to be given during camp: _____

Additional Information:

Do you speak a language fluently other than English? Yes No

If yes, please list: _____

How did you learn about the Health Care Camp? _____

T-shirt sizes / Adult Sizing (Please select one): XS S M L XL XXL

Transportation:

My student will be transported via:

Parent/Legal Guardian

JCISD Bus (Please select bus stop location)

Da Vinci Institute High School
2800 Springport Rd, Jackson, MI 49202

East Jackson High School
1566 N Sutton Rd, Jackson, MI 49202

Martin Luther King Jr. Center
1107 Adrian, Jackson, MI 49203

Parental/Legal Guardian Permission for Application

I have completed the above information to the best of my ability and understand that any falsification of the information provided above may prohibit my student's participation in Henry Ford Jacksons Summer Health Care Camp. If my student is selected to participate, my student and I agree to abide by all the hospital rules, regulations, and expectations. I also understand that requirements may be changed at any time in accordance with best practice and/or organizational improvements for patient/staff safety and guest experience.

I understand my student will be required to complete the Henry Ford Health's student immunization compliance standards. This includes TB skin test, current TDAP, and MMR vaccines. If your student does not have these completed, they will need to receive these from their pediatrician. Please see the attached Camp Vaccination Checklist & Timeline to ensure all vaccinations are administered within the correct timeframe.

I understand failure to ensure my student receives all vaccinations and tests by the specified timeframes in the attached Camp Vaccination Timeline will prohibit my student from participating in Henry Ford Jacksons Summer Health Care Camp.

I understand failure to send all required information, and documents to Cierra Sylvester via email (csylves4@hfhs.org) by **Monday May 12th, 2025**, will prohibit my student from participating in Henry Ford Jacksons Summer Health Care Camp.

I understand I will be responsible for coordinating transportation for my student to and from their camp location for the day or the identified bus stop.

By Checking each box above, I, _____, agree that my child _____ may participate in the Henry Ford Jacksons Summer Health Care Camp, I have read and understood all information provided.

Parent/Legal Guardian Signature: _____

Date: _____