Discover Day: Health Care

Exploring Health Care with Thompson Rivers University, Interior Health and the First Nations Health Authority

Date: February 17, 2027
Time: 9 am to 3 pm
Location: room NPH 316, Thompson Rivers University*

*Students start and end their day at the Chappell Family Building for Nursing and Population Health, 840 College Drive.

Application Checklist:
___ Page 1 (this page) completed and signed by student
___ Page 2 Student Written Application completed by student
___ Page 3 Secondary Field Trip Consent Form completed and signed by Parent/Guardian

Application Form

PERSONAL INFORMATION:

Name_____ Student Phone_____
(First Name) (Last Name)

School Name: _____ Grade: _____

Student's Personal E-mail Address_____

Parent/Guardian Name_____

Parent/Guardian Contact Phone_____

Parent/Guardian Contact E-mail_____

Do you self-identify as an Indigenous person? ☐ Yes ☐ No Gender Identity: _____

Pizza lunch is provided by TRU. (Due to the nature of the event, students with dietary restrictions should bring their own food.)

Have you applied for Discover Day in Healthcare before?	Yes	No
Have you attended Discover Day in Healthcare before?	Yes	No
Have you applied to the Health Sciences Academy at Brock?	Yes	No
Have you attended the Health Sciences Academy at Brock?	Yes	No

Student Signature _____ Date _____

*** Please give this application to your Trades and Transitions Coordinator by February 2, 2027. You will receive notification of acceptance by February 11, 2027.**

Trades and Transitions
SCHOOL DISTRICT NO. 73
Career Development

SCHOOL DISTRICT NO. 73
(Kamloops - Thompson)

Student Written Application

Please answer the following questions, thoughtfully. Your responses will be considered in the application process.

1. Why does health care interest you?

2. What experience do you have that is related to health care?

3. Rank your top three career choices? (you can rank anything like nuclear medicine technologist, nurse anesthetist, cardiac sonographer– the more specific the better)

4. What do you hope you will learn about health care?

Is there something the Career Development Department should know about you in considering your application for a spot at Discover Day: Health Care?

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SCHOOL DISTRICT NO. 73
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Discover Day: Health Care

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School District #73 (Kamloops -Thompson)
LOWER RISK ELEMENTARY FIELD TRIP
INFORMATION & CONSENT FORM

Principal's approval: A Baird

Please return before: February 2, 2027

Activity: Discover Day: Health Care **Teachers Names:** Allisson Badger

Location: TRU Nursing and Population Health **Date (s):** February 17th, 2027

Time (s): Arrive at TRU: 9 am **Dismissed from TRU:** 3 pm

Overview Itinerary for the Field Trip Program: Students explore hands on activities connected to health care programs offered by TRU and meet various career professionals from Interior Health. Lunch is provided, however we cannot accommodate dietary restrictions. Meet in the Chappell Family Building for Nursing and Population Health - 840 College Drive, arrive in room NPH 316

Transportation: Students arrange their own transportation to TRU

Parent Helpers Required: ☐ Yes X No **Lunch Required:** ☐ Yes X No **Fee To Be Paid:** ☐ Yes X No

***This permission form must be returned for your child's participation; written notes or phone calls are not acceptable.**

PERMISSION SLIP

I have read and am informed about the proposed field trip to _____ on Feb 17th,2027. I request that my child/youth (name) _____ participate in this trip. I understand there is no cost for this field trip. I, the undersigned parent or guardian of the above named student, request that my child be allowed to participate in the event described above. Both my child and I understand that Board Policy #240 "Student Behaviour – Discipline" applies on all field trips. The use of alcohol or drugs and or inappropriate student conduct may result in suspension from school. Students engaging in these behaviours are liable to be sent home at their families' expense.

Note any medical conditions or medication the staff or supervisors should be aware of: _____

_____

Please supply the school with: Family Physician, Care Card Number and Emergency Numbers if they are not already on file.

____ I GIVE MY CONSENT for the school or District to collect, use, and share my child's name and/or image for purposes to promote Career Development.

Parent/Guardian Name _____

Parent/Guardian Signature _____