



# Discover Day: Health Care

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

Date: February 18, 2026

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 \_\_\_\_\_  
(Last Name) (First Name)

Student Email Address \_\_\_\_\_

Student Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Contact Phone \_\_\_\_\_

Parent/Guardian Contact E-mail \_\_\_\_\_

### SCHOOL INFORMATION:

School Name \_\_\_\_\_ Principal's Name \_\_\_\_\_

Grade \_\_\_\_\_ TNT Coordinator's Name \_\_\_\_\_

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**\* Please give this application to your Trades and Transitions Coordinator by February 2, 2026. You will receive notification of acceptance by February 9, 2026.**

## 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?

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

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

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

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



### Discover Day: Health Care

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

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

Principal's approval: *A. Baird*  
Please return before: February 2, 2026

Activity: Discover Day: Health Care Teachers Names: Sheila Brown  
Location: TRU Nursing and Population Health Date (s): February 18, 2026  
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, TRU

Parent Helpers Required:  Yes  No Lunch Required:  Yes  No Fee To Be Paid:  Yes  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 \_\_\_\_\_. 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.

\_\_\_ I DO Not Give MY CONSENT for the school or District to collect, use, and share my child's name and/or image.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_