



Youth Empowerment Program



Pediatric Teen Summer Intensive



The Youth Empowerment Project Wants You!

August 1, 2, and 3, 2017

If you are interested in a career in pediatrics then this three day intensive program all about Pediatric Medicine is the program for you! This program is open to high school students ages 15-18!

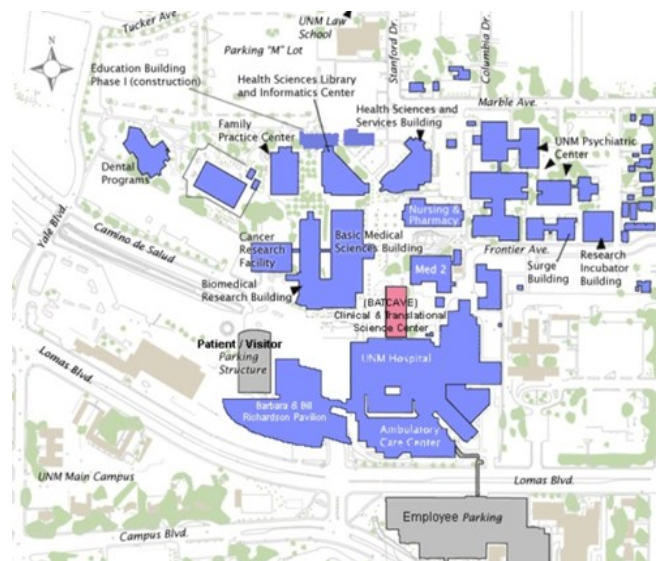
If you are interested in attending you will need to fill out an application, return the parental consents and submit an essay and one letter of recommendation. Application Deadline May 26, 2017.

Applicants will be notified of admission via email on June 5, 2017.

*All classes will be held in the UNMH
BATCAVE.*

For questions please call Lisa Trujillo at 272-3362 or email
YEP@salud.unm.edu

Please e-mail completed application in a PDF or Word format to :
YEP@salud.unm.edu





Program Objectives

- *Students will learn about pediatric medicine.*
- *Students will verbalize knowledge of caring for a newborn infant.*
- *Students will demonstrate caring for a newborn infant with a simulated parenting experience.*
- *Students will demonstrate knowledge of special care needed for pediatric patients.*
- *Students will verbalize knowledge of the principal role played by nurses, physicians and other healthcare providers.*



Youth Empowerment Program



General Information

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell phone _____

Email _____ *Please write legibly, this is how we will notify you of acceptance

Grade level _____ GPA: _____ Date of Birth: _____ Age: _____

Current school: _____

Emergency Information

Name _____ Phone _____ Relationship _____

Do you have any physical or other limitations that the YEP should be made aware of?

_____ If yes, please explain _____

Do you have any medical condition that the YEP should be made aware of?

_____ If yes, please explain _____

Essay Information

As part of the application process you will be asked to complete an essay. The following information should be included in your essay. Each essay will be reviewed by our admission committee. Please limit your response to 2 pages. Attach your essay to this application.

- Describe yourself, your accomplishments, your involvement in your community.
- Where do you see yourself in 5 years, what will you be doing, where will you be and how do you plan to get there.
- What challenges or roadblocks do you foresee along your path to where you want to be in 5 years? How do you plan to overcome these challenges/roadblocks?

Remember to include a letter of recommendation from a teacher or community member.



Youth Empowerment Program



Teen Participation Consent & Waiver of Liability

I understand that:

I must be at least 15 years of age prior to participating in the program, I must abide by and follow all rules and regulations of UNM, UNMH, the BATCAVE and the Youth Empowerment Project, I must sign in each day of participation,

The undersigned hereby acknowledge and agree to assume responsibility for all the risks of the activity/ activities at the Youth Empowerment Project, Summer Intensive program, EVEN THOSE RISKS ARISING OUT OF NEGLIGENCE OF UNM, UNMH, the BATCAVE and the Youth Empowerment Project. The Participant's participation in any activity/activities at the Youth Empowerment Project event is purely voluntary. I assume full responsibility for myself and my minor child for whom I am responsible, for any bodily injury that may be suffered by the Participant at the Youth Empowerment Project event, EVEN THOSE RISKS ARISING OUT OF NEGLIGENCE OF THE UNIVERSITY.

I do hereby agree to release, discharge and hold harmless the University, its Regents, officers, and employees all causes, liabilities, damages, claims or demands whatsoever, on account of any injury or accident involving the Participant participating in the Diversity Youth Empowerment Project event. The liability of UNM, UNMH, the BATCAVE and the Youth Empowerment Project will be subject in all cases to the immunities and limitations of the New Mexico Tort Claims Act, Sections 41-4-1 et seq., NMSA 1978, as amended.

I HAVE READ THIS TEEN PARTICIPATION CONSENT AND WAIVER OF LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature of Applicant _____ Date _____
(Signature must be hand written. Applications with typed signatures will not be accepted.)

Printed Name of Applicant _____

Signature of Parent or Guardian _____ Date _____
(Signature must be hand written. Applications with typed signatures will not be accepted.)

Printed Name of Parent or Guardian _____

Phone to contact Parent or Guardian _____ Date: _____



Youth Empowerment Program



Hello Parents and Guardians:

This summer your child will be participating in a comprehensive health education program provided and facilitated by the University of New Mexico Hospitals Youth Empowerment Project. We will be discussing several health issues. Some of these issues will include but will not be limited to:

- Anatomy and Physiology
- Pediatrics
- Reproductive Health and Anatomy
- Labor & delivery
- Teen Pregnancy
- Sexually Transmitted Diseases including HIV/AIDS and the intrauterine effects
- Contraceptives
- Healthy Relationships and Communication Skills
- Nutrition, obesity, diabetes, heart health and chronic health and medical conditions
- Substance abuse (including smoking, drugs and alcohol)
- Other health prevention, promotion topics as they arise

The curriculum schedule will be available upon request. If you have any questions about the programming, please call the program director at (505) 272-3362. We understand that these are sensitive issues and some of you may prefer not to have your child participate.

- Yes, I grant permission to participate
- No I do not grant permission to participate

Signature of Applicant _____ Date _____
(Signature must be hand written. Applications with typed signatures will not be accepted.)

Printed Name of Applicant _____

Signature of Parent or Guardian _____ Date _____
(Signature must be hand written. Applications with typed signatures will not be accepted.)

Printed Name of Parent or Guardian _____



Youth Empowerment Program



Consent for Photography/ Videotaping/ Filming/ Imaging

Participant's Name (Please print) *Date of Consent*

Participant's Street Address *City* *State* *Zip Code*

Participant's Telephone Number *Participant's DOB* *Age*

I hereby consent to being photographed, videotaped, filmed, or otherwise imaged while participating in the Youth Empowerment Project. I understand and agree that these photographs, videotapes, films, or images may be used as indicated below:

- Educational activities involving YEP staff and/ or employees
- Educational activities outside of YEP program involving others besides YEP staff and/ or employees
- Research Activities
- Legal Purposes
- Public media, including news media, television, advertisements, public relations, online media or other_____

I understand that this consent may be revoked in writing at any time, except to the extent that action has already been taken in reliance upon this consent. Unless revoked or specified to expire as follows, this consent will not expire.

The University of New Mexico Hospital, YEP, its employees, officers, staff, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signature of Applicant _____ Date _____
 (Signature must be hand written. Applications with typed signatures will not be accepted.)

Printed Name of Applicant _____

Signature of Parent or Guardian _____ Date _____
 (Signature must be hand written. Applications with typed signatures will not be accepted.)

Printed Name of Parent or Guardian _____



Youth Empowerment Program



Ready-or-Not Tot[®]

Parental Consent Form

Dear Parent(s):

In order to provide students with a realistic idea of the demands of parenting and caring for a newborn infant, your child will be participating in a parenting simulation project as part of our Neonatal intensive. This project involves caring for our lifelike, electronic parenting manikin for 3 days. The manikin cries, coos, burps, and needs its diaper changed periodically throughout the day and night. Your child will be responsible for providing proper care as if this were a real baby. The manikin should be with them at all times, except in emergency situations, when a reliable babysitter can be utilized.

In order for this to be a positive learning experience for your child, we ask your support in helping to monitor student participation while they are at home. Your insistence that they alone care for their manikin will help to impress upon them the tremendous demands that a baby places on a parent's time, energy, and social life. Removal of the battery pack from the manikin will result in failure to complete the program for your student.

We are fortunate to have been able to purchase these interactive parenting manikins. With proper care, they should last many years. Your child will be responsible for any damage that occurs as a result of abusive handling or for the loss of the manikin. The babies are valued at \$380 each.

Thank you for your support during this valuable parenting simulation project. Feel free to call Nicole Morris at 272-9878 if you have any questions or concerns.

Ready-or-Not Tot[®] Permission Slip

I give my child, _____, permission to participate in the interactive parenting simulation using the Ready-or-Not Tot[®]. I understand that I am financially responsible for any damage due to abusive handling or for the loss of the manikin provided to my child up to the purchase amount of \$380.

Signature of Applicant _____ Date _____
(Signature must be hand written. Applications with typed signatures will not be accepted.)

Printed Name of Applicant _____

Signature of Parent or Guardian _____ Date _____
(Signature must be hand written. Applications with typed signatures will not be accepted.)

Printed Name of Parent or Guardian _____