

West Virginia Junior Nursing Academy

Student/Parent Acceptance/Information Letter

Date: _____

Dear Name of Parent/Guardian,

Student name has been selected to attend the Sponsoring Agency Junior Nursing Academy. The Academy includes many great opportunities for students to learn first-hand about nursing. The Academy will last 3 days: DATE to DATE from 8:00am to 4:30 pm. Activities begin at 8:00am sharp and end promptly at 4:30 pm each day. Parents/Guardians are responsible for assuring that students arrive on time and are picked up on time each day. Students should enter the facility at the _____ entrance and be picked up in the _____ area.

Lunch and a snack will be provided free of charge each day. Students who are on special diets or who wish to bring their own food may do so. Activities for the Academy are listed on the enclosed agenda. Students are expected to participate in all activities of the Academy. Students will be supervised by a staff member during Academy activities.

Students should arrive each morning in the scrubs provided and wear white tennis shoes. Scrubs and shoes should be clean and tidy. Hair should be clean and short or pulled back. Students should not bring personal valuables other than what is required for Academy activities. Students will not be permitted to use cell phones during sessions.

Any student who is ill should not come to the Academy on that day. Parents of any student who does come to the Academy while ill will be notified to pick up the ill student immediately and the student will not be permitted to participate in Academy activities until well.

All students are required to follow facility conduct code. Parents of any student who does not follow facility conduct code will be notified immediately to pick up the student and the student will no longer be permitted to participate in the Academy.

All students must provide documentation of a physical examination completed within the past year and a valid immunization (shot) record. Students who do not

submit a signed physical exam form and a valid immunization record will not be permitted to participate in the Academy.

After the Academy, parents will be asked to answer a survey regarding their child's participation. This information will be helpful in planning for future Junior Nursing Academies.

Thank you for allowing your child to participate in the Academy. The physical exam/immunization form is provided to you in this mailing. Please respond to this letter within one week if your child plans to attend the scheduled Junior Nursing Academy. Please assure that the exam/immunization form is submitted prior to the Academy. If you have additional questions or need more information please contact me.

Sincerely,

Academy Director

Address

Phone

Parents/Guardians: If your child will be attending the Academy, you must confirm within one week (DATE (one week)) by notifying the Academy Director.