



**Ohio Association of School Nurses**

P.O. Box 1075  
Wooster, Ohio 44691  
330-601-1366  
[www.oasn.org](http://www.oasn.org)

## **School Nurse Video Competition 2012**

**Students in Ohio schools are invited to prepare a video from 3-5 minutes in length to depict the health needs of students Pre-K – 12 and the impact school nurses have on student achievement.**

### **Title: *Ohio School Nurses- Impacting Student Achievement***

**Key points may include:**

**Health Needs of Students** (Examples: acute and chronic illness, health screenings, student wellness, health promotion and education)

**Achievement Indicators** (Examples: attendance, attention to task, GPA, test scores, classroom behavior, graduation rates)

**Health Disparities** (Examples: vision, asthma, teen pregnancy, aggression/violence, physical activity, breakfast/nutrition, and inattention/hyperactivity)

**Prizes:**  
1<sup>st</sup> place: \$500  
2<sup>nd</sup> place: \$250  
3<sup>rd</sup> place: \$100

Monetary prizes may be used by the winning teachers for classroom supplies and/or student activities.

**Timeline: Deadline: April 2, 2012**

**Criteria for judging:**

- 1) Content: Is the message clear? Is information accurate, appropriate and pertinent?
- 2) Effectiveness/Impact: Does the video make an impact on viewers?
- 3) Creativity: Is the video the original work of students? Is it creative?
- 4) Videography: Does the video contain high- quality images and sound?

No registration is needed for this competition. Simply mail the Video Competition Application, DVD, and Parent/Guardian Permission Slips to the below contact no later than Friday, April 2, 2012

Heidi Steiner- Executive Director  
Ohio Association of School Nurses  
P.O. Box 1075  
Wooster, Ohio 44691



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**VIDEO COMPETITION SUBMISSION**

Deadline for video submission: Monday April 2, 2012. All submissions should be submitted in a DVD format. Please type or print the information below.

Name of teacher applicant: \_\_\_\_\_

Name of school nurse: \_\_\_\_\_

Name of school district: \_\_\_\_\_

Name of school: \_\_\_\_\_

Address of school: \_\_\_\_\_

\_\_\_\_\_

Email address of teacher: \_\_\_\_\_

Email address of school nurse: \_\_\_\_\_

School telephone: \_\_\_\_\_

Names of students involved in creating video:

I understand that the awarding of prize monies shall be at the sole discretion of the Ohio Association of School Nurses (OASN). I further understand that OASN shall have the right to view all videos entered for judging purposes and that OASN may use the videos for internal use, education and advocacy purposes, and viewing on the World Wide Web. OASN will have sole ownership of all submitted videos and rights to distribution.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

I have reviewed and support this application.

Principal's name (please print): \_\_\_\_\_

Principal signature: \_\_\_\_\_



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**PARENT/GUARDIAN PERMISSION SLIP**

**Due with DVD entry by April 2, 2012**

This permission slip must be filled out and signed by the parent/guardian of any student appearing in the video that his/her school is preparing for the Ohio Association of School Nurses video competition that is under the age of 18 years old. The permission slip is not required for a student who is helping with the project and will not appear in the video.

I give my permission for my child to appear in his/her school video that is part of the Ohio Association of School Nurses video competition. The Ohio Association of School Nurses may use this DVD for internal use, education and advocacy, and viewing on the World Wide Web. I am providing this voluntarily and of my own free will and I will not hold the Ohio Association of School Nurses responsible in any way whatsoever for any damages that may arise out of such use.

I am the parent and/or legal guardian of: \_\_\_\_\_  
(Print)

Name of Parent/Guardian (print): \_\_\_\_\_  
(Print)

Signature of Parent/Guardian: \_\_\_\_\_  
(Sign)

Date: \_\_\_\_\_