

**CHART THE COURSE
HEALTH CAREER SUMMER CAMP**

**Sponsored by:
Three Rivers Area Health Education Center (AHEC),**

DAY CAMP

**Participant Application Packet
(please print clearly)**

Name: _____

Address: _____
Street City State Zip

Home Phone #: (____) _____ **Cell #:** (____) _____

Name of School: _____ **Graduation Yr:** _____

Student email address: _____

Birthday: (mm/dd/yyyy) _____

ETHNICITY (Check one): ___ Caucasian ___ African-American ___ Asian
___ Hispanic/Latino ___ American Indian ___ Pacific Islander
___ Other (please specify) _____ ___ Prefer to not answer

Name of Sponsoring Teacher/Counselor: _____

Please list courses taken to prepare you in becoming a healthcare professional.

List other activities which have added in your development toward a healthcare profession.

WAIVER, RELEASE AND COVENANT NOT TO SUE

Parental Consent

I, for and in consideration of my minor child participating in the Chart the Course Health Careers Camp conducted by Three Rivers AHEC and their affiliates, do hereby waive, release, forever discharge, and forever covenant not to sue Three Rivers AHEC or their affiliates or any directors, employees, or agents, based upon any claims, rights, liabilities or causes of action of whatever kind or nature, arising out of the voluntary participation of my child in the Chart the Course Summer Health Careers Camp whether on or off the property of said Three Rivers AHEC or affiliates whether resulting from my own negligence, the negligence of my own child or that of another child, that of any party released herein, or that of a third party.

I give my child permission to apply for participation in the Chart the Course Health Careers Camp.

Signature of Parent/Guardian _____ **Date** _____

Confidentiality Agreement

Three Rivers AHEC and its employees/volunteers/students/visitors must make every effort to prevent unauthorized disclosure of medical, personal, and other data about patients and employees. To that extent we believe it is imperative that as a condition for employment/volunteering/visiting each employee/volunteer/student/visitor be familiar with our confidentiality policy. It states that information on a patient concerning their presence in the hospital, their reason for being here, the treatment they are receiving, etc. is strictly confidential and may be released by authorized personnel only. Any knowledge medical or personal, about a patient is not to be disclosed outside the medical facility. Such information should not be passed from one individual to another inside the medical facility unless this is necessary for a patient's treatment. This policy was written to protect the rights of the patient from unauthorized disclosure as well as to comply with both federal and state law. As a routine matter, we must be very conscious as to our conversation outside the workplace. In no case should patient information be released or discussed with anyone unless it is in the performance of your duties. To ensure that you understand the importance of practicing a strict code of confidentiality, we must request that you read and sign the below statement.

I fully understand the importance of following the confidentiality code and further understand that disclosure of any information regarding a patient and/or his/her condition may be a violation of federal or state law. I also understand that unauthorized disclosure of confidential information may lead to immediate dismissal from employment/volunteer services/Camp activities.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

PHOTOGRAPHY/VIDEO RELEASE

I give permission to Three Rivers AHEC to use my child's picture for the purpose of promoting the Health Careers Camp and/or Three Rivers AHEC activities.

Parent/Guardian Signature _____ Date _____

MEDICAL INFORMATION

In the event that your child should need medical attention while attending the Health Careers Academy, we will attempt to contact you first. However, if you cannot be reached we would appreciate your permission to treat your child at the nearest Emergency Care Facility.

Parent/Guardian Signature _____ Date _____

Father's Name _____

Work Phone: _____ Cell Phone: _____

Mother's Name _____

Work Phone: _____ Cell Phone: _____

Family Physician _____

Physician Phone: _____

If taking any medication, please list: Yes ___ No ___

Do you have any physical disabilities or restrictions that would need consideration when planning the scheduled events? Yes ___ No __. If yes, please indicate.

HEALTH CAREER INTEREST QUESTIONNAIRE

1. I am interested in a health career because...

2. Participating in the Chart the Course Health Career Camp will help me ...

3. Rank by priority the health career areas you are most interested
 - a. _____
 - b. _____
 - c. _____

*** You will need to be able to provide your own transportation to events in Columbus and surrounding areas!!**

Mail application to:

Three Rivers AHEC
Attn: Health Careers Coordinator
P.O. Box 4177
Columbus, Georgia 31914

For questions please contact Three Rivers AHEC @ 706-507-0894