

Southern Ohio Medical Center 2009

Nursing Camp

SOMC Participant Application Form

Name: _____ Age: _____

Address: _____ City: _____

State: _____ Zip: _____

School: _____ Grade: _____ GPA: _____

Parent/Guardian Name: _____

Parent/Guardian Daytime Phone #: _____ Parent/Guardian Cell #: _____

Guidance Counselor's Name: _____

School Phone #: _____

I am most interested in exploring the following health care areas/careers:

- a.
- b.
- c.

List any other relevant extracurricular and community activities or accomplishments and awards.

I am interested in a health career because...

Please print and return by mail to:

Southern Ohio Medical Center, 1825 Oakland Avenue, Portsmouth, OH 45662

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SOMC Medical Release Form

Name: _____ Social Security #: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Home Phone #: _____

Parent(s) / Guardian(s) Name and work number: _____

Emergency Notification Information – In the event a parent / guardian cannot be reached, contact:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Family Physician: _____

Does your child have any known Allergies? Yes No
List Allergies _____

Is your child now on any routine medication? Yes No
List Medication _____

Does your child have any physical disabilities that would need to be considered when planning the summer camp? Yes No
If yes, please describe: _____

In the case of any illness, accident or emergency, I understand that every attempt to contact me first will be made. However, if I am unable to be reached, I authorize any physician or physicians to administer medical treatment that may be necessary or advisable in the treatment of my child.

Parent/Guardian Signature _____ Date _____

Please print and return application and release forms by mail to:
Southern Ohio Medical Center
1825 Oakland Avenue
Portsmouth, Ohio 45662

If you have any questions, please contact Katy Stephens at 740.356.7191

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Parent/Student Waiver Of Liability Confidentiality Statement

In conjunction with Life Ambulance, Southern Ohio Medical Center (SOMC) endorses Nursing Camp 2009 and will allow 7th-12th grade students of employees and the committee to experience some aspects of nursing at SOMC. Pre-registration for this program is required. The purpose of the program is to provide students with an opportunity for on-site, hands-on nursing experience.

SOMC will not accept liability for injuries to participants or for property damage or loss. Parent and student signatures on this form are required as a condition of participating in the program at SOMC.

We, the undersigned student and his/her parent or guardian, confirm our understanding that Nursing Camp 2009 is elective, not mandatory. Just as we voluntarily authorize this student's participation, we voluntarily agree that Southern Ohio Medical Center, along with its employees and agents, shall have no liability for any injury, including death, or any damage or loss of property in any manner arising from, or related to, the student's participation in Nursing Camp 2009. We agree not to initiate, authorize or participate in any litigation or legal action asserting such liability.

I understand that I have an obligation to the facility, its patients, and staff, to treat all information that I am exposed to in connection with this program with the utmost respect and confidentiality and that I am not permitted to discuss items of confidential nature with anyone.

This Waiver of Liability shall apply to all events, acts and omissions for the entire duration of the student's participation in the Nursing Camp 2009 Program while at SOMC.

Date Parent/Guardian

Date Child