

To: South Central WI AHEC
136 W. Grand Ave, Suite #100
Beloit, WI 53511
Fax: (608)368-8327

Enclosures:

Intent to Attend Event and Special Accommodation Requirements
Parent/Guardian Consent Form
Release of Liability
Confidentiality Form
Media Release Consent Form
Participant Professionalism Policies
Participant Policies Acknowledgement

RETURN ALL PERMISSION FORMS WITH \$15.00 Fee

**To: South Central WI AHEC
Shayna Somers
136 W. Grand Ave, Suite #100
Beloit, WI 53511**

Fax for Beloit Office: (608)368-8327



South Central Area Health Education Center

Health Careers Exploration Days Janesville, WI SSMHealth St.Mary's - Janesville

I, _____ (please print), , accept my position in Health Careers Exploration Days 2017 and agree to attend all planned activities.. I have enclosed the \$15 reservation fee with checks made to South Central WI AHEC unless I have been informed that I will be receiving a scholarship to cover this cost. I also agree to send all permission/release forms delineated below.

SPECIAL ACCOMMODATION REQUIREMENTS

I require the following special accommodation(s) in order to attend the Health Careers Exploration Days:

- _____ Restricted Diet (Be specific)
- _____ Medication
- _____ Wheel Chair Accessibility
- _____ Other (Be specific and refer also to SCAHEC Health form)

Participant signature

phone number and email address

Please indicate your **first name** preference for name tag: _____

Parent/Guardian Signature: _____ Date: _____

Email: _____ Phone Number During Event: _____

Do you need financial assistance to cover \$15.00 fee (Circle one)? YES / NO

Racial/Ethnic Heritage (Circle one): African American/Black American Indian Southeast Asian

Hispanic Caucasian/White Other, Please Specify _____



Health Careers Exploration Days 2017
PARENT/GUARDIAN RELEASE FORM

South Central Area Health Education Center

Name of Participant: _____

I give permission for _____ (please print) to attend the Health Careers Exploration Days held on November/December 2017 in Janesville, Wisconsin. SCAHEC, and organizations listed below and the other event participant providers assume no responsibility or liability for my child or my child's personal property during the event. Any destruction of or loss of property for which my child is responsible during this event will be my responsibility. The possession and/or use of tobacco, alcohol and illegal chemical substances are prohibited. My child will be expected to abide by all policies and rules of participating facilities during the entire event. **Failure to follow these will result in dismissal from the event. The Parent or Guardian will be responsible for arranging for immediate pick up of their child upon early dismissal from the event.** All photographs/video taken of my child during this event may be used by SCAHEC and other event provider participants free of any claim. Student names may be shared with provider participants.

I agree with the above:

Signature of Parent/Guardian _____

Date: _____

SSMHealth – St. Mary's Janesville & Area Health Facilities



Health Careers Exploration Days 2017 RELEASE OF LIABILITY

South Central Area Health Education Center

I, _____, in consideration of my participation in an educational experience conducted by SCAHEC in the State of Wisconsin on November 7, 21, 28 & December 5, do voluntarily and without reservation, on behalf of myself, my heirs and my estate, release and discharge, indemnify, and hold harmless SCAHEC, event counselors, organizations listed below and any others participating in this event.

I also hold harmless the officers, employees and agents of the organizations referenced above, from any liability for damage to or loss of property, injury, loss, delay, accident or sickness from whatever source, legal entanglements, imprisonment, death, loss of money or possessions, which might occur participating in this program. As the event does include visiting different facilities, I attest and verify that I am aware of the dangers of travel within the State.

I understand that medical coverage is not provided for me by SCAHEC, other event participant providers, and the organizations listed below. I verify that I have the appropriate medical coverage which will cover me during this event. I understand that the cost of emergency medical evaluation and treatment, if needed, is my financial responsibility.

I acknowledge that I have been given ample opportunity to ask any questions concerning medical care prior to this event. I understand the conditions and activities of this event. I understand that participation in this event is strictly voluntary and I freely choose to participate.

Student Printed Name and Signature

Date Signed

Parent/Legal Guardian Printed Name and Signature

Date Signed

SSMHealth – St. Mary’s Janesville & Area Health Facilities



Health Careers Exploration Days 2017

CONFIDENTIALITY AGREEMENT

South Central Area Health Education Center

It is the policy of *provider agencies* to maintain the confidentiality of all information that pertains to patients and residents treated. During the course of my shadowing and/or visiting experience at the above listed, I understand that it is my responsibility to keep in confidence all information that pertains to patients, visitors, residents or employees.

Confidential information includes, but is not limited to:

- Written records (i.e., medical records, schedules, forms, etc.)
- Information accessed through computers
- Verbal communication with staff, patients, residents and visitors.

By signing my name below, I acknowledge that I have read and understand the information on this form. I will maintain in strict confidentiality all information obtained as a result of my experience here. I understand and acknowledge that in the event I breach confidentiality, I may be legally liable.

Signed: Parent: _____

Student: _____

Date: _____

GUIDELINES FOR STUDENT PARTICIPATING IN HEALTH CAREER EXPLORATION DAYS:

Students participating in Health Careers Exploration Days 2017 are expected to abide by the following guidelines regarding:

Behavior: Appropriate professional behavior is expected. In consideration of patients or staff in the area, loud conversation or laughter is discouraged. Discussions should be conducted in a quiet confidential manner. For health reasons, no food or beverage is to be consumed in a patient area. Chewing gum is prohibited. Smoking is not allowed. Cell phones are prohibited during job shadows.

Dress: Students are required to dress in business casual. (See attached for acceptable and non-acceptable attire) Students that do not adhere to these dress code guidelines will not be permitted to participate in the job shadow experience. Jewelry is to be kept at a minimum, as are cosmetics and cologne. Hair is to be clean and attractively styled, away from the face.

HEALTH CAREER EXPLORATION AGREEMENT

I have read the policy and guidelines for HCED. I agree to comply with all regulations. If I am a minor, my parent or guardian also has read and understands the policy and guideline material.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Health Careers Exploration Days 2017

MEDIA CONSENT

South Central Area Health Education Center

I, _____, give my permission to use my name and/or photographs or video of me for media coverage of the Health Careers Exploration Days 2017. I also agree to participate in any media coverage. In addition, SWAHEC and event participant providers may use media coverage of this event, which may include me, for future health related promotions. I would like to have information regarding my attendance of this event sent to:

Name of Paper/TV Station _____

Address _____

City and Zip _____

Email Address _____

Press Release will not be sent unless all contact information is received.

Student Signature

Date

Parent Signature

Date



Health Careers Exploration Days 2017

Professionalism

South Central Area Health Education Center

It is the policy of the Health Careers Exploration Days to function in such a manner that all involved will be treated fairly; with respect and courtesy. The following written guidelines must be followed at all times.

ACTIVITY PARTICIPATION POLICY

Please note, violation of this policy is grounds for immediate dismissal.

All students are expected to attend each activity including all meals. Participation in classroom, field trip, or other organized events is mandatory unless previously excused by the coordinator. **Students are to show courtesy and respect and be attentive to all presenters.** Timeliness is essential to scheduling; tardiness will not be tolerated. Cell phones are to be turned off and away during all sessions.

ALCOHOL/DRUG/TOBACCO POLICY

Please note, violation of this policy is grounds for immediate dismissal.

The use of or possession of any alcohol, tobacco or illegal drugs will result in immediate dismissal from the Health Careers Exploration Days event.

Any required medications must be communicated to the coordinator prior to the event. The coordinator will determine how they will be dispensed during the course of the day.

MONEY POLICY

Students are encouraged not to bring an excessive amount of cash. There are few opportunities to spend any money. Instead, we encourage students to bring their own snacks, beverages, etc. In the case of an emergency requirement, we will accompany students to a local store. We do not have access to a safe storage area, so we cannot assume liability for theft or loss.

PHONE POLICY

There are phones available for student's use during break times. Emergency calls should be coordinated through the the high school staff. Students may bring their own cell phones; however, they will not be allowed to be on or in use during any of the event sessions or planned activities. Students must be considerate of others, as well as of those professionals who are giving up their time for students.

DRESS CODE

Please note, violation of this policy is grounds for exclusion from participating in event activities.

Because current styles of dress may be inappropriate in health facilities, it is necessary to enforce the following. Business casual attire with closed toe shoes and socks/stockings are to be worn when in a health facility or place of business. Please note below what is not appropriate for wear at anytime during the event. In fairness to the students that do adhere to this policy, there will be no exceptions and students should expect exclusion from any activity for violations of this code.

Business Casual includes:

- Business casual pants, slacks, capris
- Khakis/ Dockers
- Knee length skirts
- Sweater sets
- Polo shirts
- Button down, collared shirts
- Close-toed shoes and socks/stockings (**must be worn**)
- Noise-resistant footwear (please be sure shoes do not make loud noises when walking as we do not want to disturb patients and other guests of the health facilities we will be visiting.)

Business Casual **does not** include:

- Jeans
- Shorts
- Bermuda or knee-length shorts
- Short skirts
- Tank Tops
- Low v-neck shirts
- Open toe shoes
- T-shirts
- Shirts with printed messages
- Exposed midriffs
- Under garments exposed (boxers, bra straps, thongs)
- Hats
- Bare legs & bare foot area

Not appropriate at any time:

- Low v-neck shirts
- Exposed midriffs
- Under garments exposed (boxers, bra straps, thongs)
- Short skirts or shorts



Health Careers Exploration Days 2017

PARTICIPANT POLICIES ACKNOWLEDGMENT

South Central Area Health Education Center

Name of Student: _____

I have read and agree to all event policies. I understand that violation of the listed policies will result in immediate dismissal from the event.
Parents will arrange for immediate pick up of their child.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

SSMHealth – St. Mary’s Janesville & Area Health Facilities