Regional Medical Center®

APPLICATION FOR PARTICIPATION

Future Nurses: Next Generation of Superheroes 2022

Please print legibly.

Name (First & Last): _____ Date of Birth: _____

Address: _____

City, State, Zip Code: _____

Cell Phone: _____ *Email Address: _____

School: _____ Last Grade Completed: _____

Parent/Guardian Name & Relationship	Daytime Phone #

Emergency Contact (Other Than Parent): _____

Relationship to Student: _____ Daytime Phone #: _____

If the cost of camp would cause hardship, and you are interested in learning about tuition assistance, please check Yes. If not, please leave blank. ⬜ Yes

Adult Shirt Size for Scrub Top *Note: These tops run big.*

⬜ X-Small ⬜ Small ⬜ Medium ⬜ Large ⬜ X-Large ⬜ XX-Large

Permission Grant

I understand the risks involved in being exposed to disease while working in a healthcare facility. I understand training in Infection Prevention to protect volunteers, staff, and patients/residents will be provided.

Permission is hereby granted to this applicant to participate in *Future Nurses: Next Generation of Superheroes* at Regional Medical Center sponsored by the Administration of the hospital.

I understand to participate this applicant must be current on all immunizations and free of communicable disease. Verification of immunizations may be required.

I verify I will be available to attend *Future Nurses: Next Generation of Superheroes in its entirety.*

_____ _____

Signature of Applicant Date Signature of Parent/Guardian Date

** The email address listed is how students will receive correspondence about camp.*