

2023 LAB CAREER CAMP

Future Laboratory Professionals: Without the Lab, They're Only Guessing!

Regional Medical Center (RMC) is excited to be able to offer a Laboratory Career Camp, “*Future Laboratory Professionals: Without the Lab, They're Only Guessing!*” for students (ages 14-18; must have finished 8th grade). This camp offers a unique opportunity to learn about a laboratory career through interactive presentations and hands-on learning.

Activities include interacting with a simulation manikin to learn how to draw blood samples from a patient, learning routine laboratory techniques such as pipetting, differentiation of blood cells, staining bacteria and collecting culture samples. Learning blood types and how to match that blood type to give blood to a patient, how to perform routine urinalysis procedures and even the lab's role in determining the culprit in a mock crime scene investigation are included.



The 4-day program will be offered June 12-15, 2023 from 9AM-2PM.

Bring sack lunches or students can purchase lunch from our public cafeteria. Students **MUST** be available to meet each day for the entire time. Class size is limited. The cost is \$25 per student, payable on the first day of camp to RMC. If the cost of camp would cause hardship, please check the box on **Application for Participation** and tuition assistance information will be provided.

The following items should be completed and returned to RMC by Monday, May 15, 2023. Items postmarked **after** Monday, May 15th will **not** be eligible for the summer 2023 camp.

- Application for Participation
- Letter of Recommendation Form
- RMC Marketing/Promotional Material Release Consent Form

All items should be returned in a sealed envelope to the address and attention below.

ATTN: Shea Putz/Ann Wilson-Grant
Regional Medical Center
709 West Main Street, PO Box 359
Manchester, IA 52057

Students will be notified via email on Monday, May 22nd with acceptance or declination of the camp.

For more information to explore this opportunity, please contact Ann Wilson-Grant at 563-927-7489 or Shea Putz at shea.putz@regmedctr.org.

LETTER OF RECOMMENDATION

Please print legibly.

Student Name (First & Last): _____

Step 1: We are curious why you are potentially interested in a career in Laboratory Science and how the Lab Camp at Regional Medical Center can be a benefit to you. Please provide a detailed answer to the following questions. You may type your answer on a separate sheet of paper if desired.

Why are you interested in Laboratory Science? What is it about your life experiences, your talents, your personality that has potentially led you to this career path?

Step 2: Have a teacher, coach, guidance counselor, employer, volunteer, supervisor or mentor (non-family adult) who knows your goal of potentially becoming a lab tech complete the section below.

Please evaluate the student on the following qualities.

Qualities	Exceptional	Above Average	Average	Below Average
Dependability				
Trustworthiness				
Acceptance of Others				

How are you associated with the student? _____

Based on your association you have had with the student, please describe why this student should participate in Lab Camp at Regional Medical Center.

Signature of Non-Family Adult

Date

Thank you for your assistance! If there is anything you wish to discuss about the Lab Camp, please call Ann Wilson-Grant at 563-927-7489 or email Shea Putz at shea.puz@regmedctr.org.

APPLICATION FOR PARTICIPATION

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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

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 Laboratory Professionals: Without the Lab, They're Only Guessing* at Regional Medical Center sponsored by the Administration of the hospital.

I understand to participate this applicant must be current on all immunizations (including COVID-19—or request a vaccine exemption form) and free of communicable disease. Verification of immunizations may be required.

I verify I will be available to attend *Future Laboratory Professionals: Without the Lab, They're Only Guessing* in its entirety.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

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

Marketing/Promotional Material Release Consent Form

Name: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

I hereby give my consent (by checking the boxes below):

to be photographed, videotaped, voice recorded, and/or interviewed for use by Regional Medical Center (RMC) for any and all marketing purposes including, but not limited to, printed/promotional materials, Electronic marketing (e.g. social media, website), newspaper, and radio.

that my true name be associated commercially with said material.

(for testimonials only) for Regional Medical Center staff, specifically _____
_____ may share general information regarding my endorsement.

In giving my consent, I waive any right to inspect or approve the use of the images or recordings or of any written copy. I also waive and release all current and future claims I may have against Regional Medical Center, arising from the use of an image or recording including, but not limited to claims of defamation, invasion of privacy, rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration or optical illusion that may appear in the finished product. Notwithstanding the foregoing, I reserve the right to revoke my consent in writing, which will be effective only upon receipt by the Marketing and Administrative Manager at RMC.

I hereby give my consent:

for myself as an individual over 18 years-of-age

Signature

Date

as a legal guardian, on behalf of minor under 18 years-of-age

Legal Guardian Signature

Date

Print Name

Relationship to patient

Internal Use Only:

Scanned