



5109 West Scott Street, Box 408

Adams Hall, Room A211

Beatrice, NE 68310

Phone: 402-228-9092

Fax: 402-228-9095

Website: www.se-ahec.org

Healthcare Career Summer Camp June 2009

Camp Location	Start Date	End Date	Fee	
Butler County Health Care Center David City, NE	August 4, 2009	August 6, 2009	\$30	_____

Southeast Nebraska Area Health Education Center (SE-AHEC) and Butler County Health Care Center in David City, NE are offering a three-day healthcare career summer day camp for high school students. This camp will be an introduction to careers in the medical field. Students will interact with various health professionals, learn career building skills, experience laboratory activities and tour the University of Nebraska Medical Center in Omaha.

Enclosed is the application packet for the 2009 Healthcare Career Summer Camp. The camp will be held at the Butler County Health Care Center in David City, NE. Scholarships are available if needed (for additional information please contact the SE-AHEC office.) **Please note that there are three pages that must be completed by the student. The other two pages are the reference forms that must be completed by two people known by the student, one of whom must be a Math or Science teacher.**

Due to limited space at the camp, the Application Review Committee will process only complete applications. A complete application includes:

- Student Information
- Student Personal Statement
- Releases, Agreements, and Medical Information

Mailed Separately by Reference

- Teacher Reference (Math **OR** Science)
- Reference (adult other than your parent or teacher, such as counselor, church leader, etc.)

All application materials are by the following dates:

- **Early Bird Registration is \$25 by June 30, 2009**
- **Final deadline is July 13, 2009, No Refund or No Cancellation**

Please Mail or Fax Completed Application to:

Healthcare Career Summer Camp
Southeast Nebraska Area Health Education Center
5109 West Scott Street, # 408
Beatrice, NE 68310

(402) 228-9093, Fax (402) 228-9095

**Southeast Nebraska Area Health Education Center
Healthcare Career Summer Camp –David City**

STUDENT INFORMATION

Date: _____ **Date of Birth:** _____

Name: _____
Last Name First Name Middle Initial

Address: _____
Street City County Zip Code

Gender: Male Female

Email Address (To receive camp updates): _____

Racial/Ethnic Heritage (Check One):

- | | |
|---|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native American/Alaska Native |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Other |
| <input type="checkbox"/> More than one race | |
| <input type="checkbox"/> Hispanic/Latino & Amer. Indian/Alaska Native | <input type="checkbox"/> Hispanic/Latino & Black/African American |
| <input type="checkbox"/> Hispanic/Latino & Asian | <input type="checkbox"/> Hispanic/Latino & Native Hawaiian |
| <input type="checkbox"/> Hispanic/Latino & White | <input type="checkbox"/> Hispanic/Latino & Unknown |

Parent Name(s): _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Name of High School: _____ **GPA:** _____

Grade in School entering fall of 2009: 10th 11th 12th
Must be 16 years old by June 1, 2009

School Address: _____
Street City Zip Code

Counselor's Name: _____

Phone: _____ **Email:** _____

I am most interested in learning more about the following health careers:

Please list the science, math and English classes you have already taken in grades 9-12:

STUDENT PERSONAL STATEMENT

On a separate sheet, please explain why you should be selected to attend the Healthcare Career Summer Camp 2009 (one page). Please include why you are interested in pursuing a health profession, work experience, relevant courses and activities, and other experiences that have added to your development toward healthcare that you would like the admissions committee to know. **Please include your name and school at the top of your essay.**

RELEASES, AGREEMENTS, AND MEDICAL INFORMATION

WAIVER RELEASE AND COVENANT NOT TO SUE - Parental Consent

I, for and in consideration of my minor child participating in the Healthcare Career Summer Camp conducted by Southeast Nebraska AHEC, Butler County Health Care Center and their affiliates, do hereby waive, release, forever discharge and forever covenant not to sue Southeast Nebraska AHEC or their affiliates or any directors, employees, or agents, or Butler County Health Care Center, its Board of Trustees or any employees, based upon any claims, rights, liabilities or Butler County Health Care Center/Southeast Nebraska AHEC Health Career Summer Day Camp whether on or off the property of said Butler County Health Care Center/Southeast Nebraska 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 Butler County Health Care Center/Southeast Nebraska AHEC Health Career Summer Day Camp.

Signature of Parent/Guardian: _____

Date _____

CONFIDENTIALITY AGREEMENT

Butler County Health Care Center/Southeast Nebraska AHEC Healthcare Career Summer Camp and their 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 there, 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.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

PHOTOGRAPHY/VIDEO/MEDIA RELEASE

I give permission to Butler County Health Care Center/Southeast Nebraska AHEC Health Career Summer Day Camp to use my child's picture for the purpose of promoting Butler County Health Care Center/Southeast Nebraska AHEC Healthcare Career Summer Camp.

Signature of Parent/Guardian: _____ Date: _____

MEDICAL INFORMATION

In the event that your child should need medical attention while attending the Health Career Summer Camp, 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.

Signature of Parent/Guardian: _____ Date: _____

Father's Name: _____

Daytime Phone: _____ Cell Phone: _____

Mother's Name: _____

Daytime Phone: _____ Cell Phone: _____

Family Physician: _____

Physician Phone: _____

Is student taking any medication? **Yes** __ **No** __ **If yes, please list:**

Does the student have any physical disabilities or restrictions (such as allergies, or meal restrictions) that would need consideration when planning the summer camp? **Yes** __ **No** __.

If yes, please indicate below: _____

