

Parent / Guardian Medical Consent and Information

I hereby authorize Hutchinson Regional Healthcare System, its physicians, nurses, and employees to provide or seek medical services to (*print minor's name on line*) _____, a minor, my child (biological or legal through adoption or through guardianship), should such medical services and treatment become necessary while said minor is either at Hutchinson Regional Healthcare System or in the company of a Hutchinson Regional Healthcare System employee acting as my child's mentor, advisor, preceptor, chaperone or other role as part of the Hutchinson Regional Academy.

Printed Name

Date

Signature of Parent / Guardian

Parent / Guardian Consent & Release

_____, (*print minor's name*) is authorized by the undersigned to participate in all activities related to Hutchinson Regional Healthcare System and Hutchinson Regional Academy. These activities may include, but not be limited to, work assignments, tours, field trips, special sponsored events, shadowing experiences, on-site procedural and laboratory participation and observations, observation, handling of and potential exposure to laboratory testing equipment and materials (such exposure may include bodily fluids such as blood, and microorganisms such as bacteria and fungi); and observation and potential exposure to bioengineering equipment, electrical charges, and lasers, and mentoring activities. (The above are examples and are not intended to be a complete or binding list of all program activities). In consideration of the above-mentioned minor's participation in these activities, the undersigned, as the parent or legal guardian of the above named minor, releases and discharges Hutchinson Regional Healthcare System; your home school district, your home School Board, your home school, and individual volunteers therein, as well as their respective officers, directors, Board Members, employees, agents and representatives from all liability arising out of or related to the program.

Further, it is understood that the education partnership relationship that your home school, School Board, and school district has with Hutchinson Regional Healthcare System does not include healthcare services, nor does it affect individual health insurance obligations, even if the need for emergency care should occur.

The undersigned further authorizes the Hutchinson Regional Academy and Hutchinson Regional Healthcare System to use photographs, prints, negatives, reproductions, and computer-generated imaging taken of the above named student for publicity, promotion, advertising, public relations, grant writing, and related purposes, and display to further the aims and objectives of the program.

Printed Name

Date

Signature of Parent / Guardian

Program Information

As a student in the Hutchinson Regional Academy, you will spend individual time in the Hutchinson Regional Healthcare System in assigned departments. The Academy places chosen students in selected Hutchinson Regional Healthcare System departments for eight to nine weeks during the summer under the direct supervision of a Hutchinson Regional Healthcare System employee in each assigned location. While there, the student will function as a member of that area’s work team and be responsible for completing assigned department tasks and participating in Hutchinson Regional Academy activities. Please read carefully the following information and guidelines for the program.

- Students must comply with all Hutchinson Regional Healthcare System policies and procedures, especially those concerning appropriate behavior, confidentiality of information, and dress code – additional department requirements and policies may apply.
- Poor behavior or attitude on rotations may cause an interruption in your rotation and could lead to removal from the program.
- Transportation to and from Hutchinson Regional Healthcare System is not provided.
- You must arrive at your designated location no later than the assigned arrival time and remain there until the assigned departure time.
- Your appearance while participating in the Academy should be impeccable. You will be provided with 3 polo shirts that need to be worn each day. Here are some additional guidelines for your observation:
 - A. What to wear:
 - a. Ladies: Khaki slacks or skirt (length should be no more than 2” above the knee or longer).
NO shorts, Capri’s, or low rider slacks are permitted. Shoes should be clean and no open toes.
 - b. Men: Khaki slacks. NO shorts, or low rider slacks are permitted. Shoes should be clean.
- All electronic devices, including cell phones, are to be turned off. They may be used during breaks or lunch only.
- Hutchinson Regional Healthcare System is an “at-will” employer. Hutchinson Regional Healthcare System may terminate a student’s participation in any and all activities at Hutchinson Regional Healthcare System related to this program or any other activities and programs available through our partnership as a result of lack of competence, conduct or behavior which is considered by Hutchinson Regional Healthcare System policies or detrimental to patient care. Both student and parent/guardian agree that the due process rights accorded the student pursuant to his/her home School District & Board of Education Student Handbook shall not be applicable to such termination.

Student and Parent/Guardian Agreement

I acknowledge that I have been provided with adequate information about the purpose and content of this program. I have reviewed the terms provided herein and agree to them.

Signature of Student

Date

Signature of Parent/Guardian

Date