

# Summer Camp

Camper Name \_\_\_\_\_ DOB \_\_\_\_\_

## Parent or Guardian Release and Indemnity Agreement

I hereby request that you accept this application for the enrollment of \_\_\_\_\_ in the Bellin College Summer Camp.

I hereby release Bellin College and all personnel and/or employees from all claims on account of any injuries which may be sustained while attending the Summer Camp; and I agree to indemnify Bellin College and its personnel and/or employees for each claim which may hereafter be presented as a result of any such injuries. I also certify that the enrollee is medically fit to participate in our programs.

It is understood that the parent/guardian will provide/be responsible for transportation to and from the Camp. Bellin College will provide transportation during the camp session. Any participant who chooses to drive themselves to the camp must give their car keys to Summer Camp personnel. Their vehicle will not be accessible during the time the camp is in session.

### Please list transportation plans (select one option).

- The student will be driving themselves to and from camp and will keep the vehicle on campus. (Must provide license plate#: State: \_\_\_\_\_ # \_\_\_\_\_)
- The student will be driven to camp and picked up at Bellin College.
- The student will use alternate transportation, such as airline, cab, Uber. (Describe alternate transportation and/or attach information on separate page.)
- Other, such as friend dropping off. (Please describe.)

### Emergency Contact #1

Parent or Guardian Name (printed) \_\_\_\_\_ Relationship \_\_\_\_\_

Home address, city, state zip \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

### Emergency Contact #2

Relative/Other Responsible Party \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_



# Summer Camp

Camper Name \_\_\_\_\_ DOB \_\_\_\_\_

## Confidentiality Acknowledgement

Participation in the Bellin College Summer Camp is a unique experience. You will be shadowing nurses in a variety of clinical settings and seeing patients with a variety of medical issues. You may see and hear confidential information pertaining to these patients.

It is unlawful to disclose any individually identifiable information that is transmitted electronically, maintained in any electronic medium, or transmitted or maintained in any other form or medium (including oral communication). This relates to information about past, present and future:

- physical and mental health;
- provision of health care to the patient; and
- payment for the patient's health care.

As a condition of participating in the Bellin College Summer Camp I, \_\_\_\_\_, (**camper**), clearly understand and agree:

- Information about a patient's health care is confidential.
- I am not to discuss this confidential patient information with anyone except the nurse whom I am shadowing.

## Media Consent

I, \_\_\_\_\_, (**parent or guardian**), hereby grant Bellin College permission to interview my child and/or use his/her likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Bellin College, in perpetuity, and for other use by Bellin College. I will make no monetary or other claim against Bellin College for the use of the interview and/or the photograph(s)/video.

I release from any liability, expressed or implied, Bellin College and all personnel and/or employees of Bellin College, or those associated with the Summer Camps.

- YES** - I understand, agree and consent that the camp participant may be included in any interview, photograph(s) and/or video.
- NO** - I do not consent that the camp participant be included in any photograph, video and/or interview.

**I have read all of the above and I understand, agree and acknowledge the confidentiality agreement as stated.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



# Summer Camp

Camper Name \_\_\_\_\_ DOB \_\_\_\_\_

## Shadowing a Nurse Placement

Bellin College will make every effort to place you in at least one area of interest for the shadowing opportunities, however, due to limited space placement it is not guaranteed. Please list three areas of interest:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### Possible clinical observation sites may include:

Cardiac, Rehabilitation, Oncology, Emergency, Orthopedics, Neurology, Maternity, Pediatrics, and/or Pre-Operative/Surgery/Recovery

## T-Shirt & Scrub Size Order Form

Scrubs are worn loose for ease of movement while you work. This chart shows actual garment measurements. All measurements are finished dimensions laid flat on a horizontal surface.

Size	XS	S	M	L	X	2X	3X
1) Chest	30-32	34-36	38-40	42-44	46-48	50-52	54-56
2) Waist	26-27	28-30	31-33	34-37	37-41	42-46	47-50
3) Hip	33-34	35-37	38-40	41-44	45-48	49-52	53-56
<b>Inseams are approximately 31"</b>							

### HOW TO MEASURE:

#### Ladies

- Measure around shoulder blades, under arms, to the fullest part of the bust.
- Stand in a relaxed position and measure around the narrowest part of the natural waistline.
- Measure around the fullest part, normally about 7 inches below the natural waistline.

#### Mens

- Measure around the fullest part, around shoulder blades.
- Stand relaxed and measure around natural waistline.

<u>SCRUB TOP</u>	<u>SCRUB PANTS</u>	<u>T-SHIRT</u>
<input type="checkbox"/> XSmall	<input type="checkbox"/> XSmall	<input type="checkbox"/> XSmall
<input type="checkbox"/> Small	<input type="checkbox"/> Small	<input type="checkbox"/> Small
<input type="checkbox"/> Medium	<input type="checkbox"/> Medium	<input type="checkbox"/> Medium
<input type="checkbox"/> Large	<input type="checkbox"/> Large	<input type="checkbox"/> Large
<input type="checkbox"/> X-Large	<input type="checkbox"/> X-Large	<input type="checkbox"/> X-Large
<input type="checkbox"/> 2X-Large	<input type="checkbox"/> 2X-Large	<input type="checkbox"/> 2X-Large
<input type="checkbox"/> 3X-Large	<input type="checkbox"/> 3X-Large	<input type="checkbox"/> 3X-Large

**\*You WILL NOT be able to exchange scrubs for a different size. (Please measure yourself to assure an accurate size.)**

