

Dear Applicant,

Thank you for your interest in the Summer Health Career Program! This annual summer program is available to students entering the 9th and 10th grades in the Fall of 2011 and who live in the South Broward Hospital District. Due to national shortages and college scholarships available, this program provides opportunities for students to learn about the high demand healthcare professions listed below.

Nursing	Radiology	Pharmacy	Laboratory
Registered Nurse	Ultrasound	Hospital	Medical Technology
Nurse Educator	MRI	Retail	Microbiology
Nurse Practitioner	Nuclear Medicine	Consulting	Histology

Some of the program highlights include: exploration of the career options listed above; tours to various hospital areas; training and certification in Cardio-Pulmonary Resuscitation (CPR), Basic First Aid, and Baby Sitting Safety; and an overview of the scholarships offered by MHS, for high demand healthcare professions.

Program Criteria & Requirements

1. Applicant must be a resident of the South Broward Hospital District (see map on page 6).
2. Applicant must be entering the 9th or 10th grade in the Fall of 2011
3. Applicant must be interested in exploring one or more of the career options listed above.
4. Applicant must submit a complete, legible and timely application.

Please complete and submit pages 2 through 5.

All applications must be received in the MHS Organizational Development Department by
Friday, April 29, 2011

Date, Time and Locations of the Program

Memorial Regional Hospital	Memorial Hospital West
Tuesday, June 14 – Friday, June 17	Monday, August 1 – Thursday, August 4
9:00am to 3:30pm	9:00am to 3:30pm
3501 Johnson St., Hollywood, FL 33021	703 N. Flamingo Road, Pembroke Pines, FL 33028

This program is limited to **30 applicants** at each location. Applicant selection is based on meeting criteria listed above and by meeting the application deadline date. A complete and timely application will improve your chances of being selected as a participant for the date & location of your choice.

If you have questions, please contact Sherri Dailing at sdailing@mhs.net or 954-276-5283 and Isabel Cano at icano@mhs.net or 954-276-5278.

Mail/Deliver/FAX application to:

Memorial Healthcare System
 Organizational Development Department
 ATTENTION: Sherri Dailing or Isabel Cano
 3051 North Commerce Parkway
 Miramar, FL 33025
 Fax # 954- 276-5289

Please note: *This program does not meet criteria for Community Service hours. The Summer Health Career Program is an informational and educational program; it does not provide a service to the hospital, patients or their families.*



Information to be completed by Student Applicant
PLEASE PRINT CLEARLY

First Name: _____ Last Name: _____ Middle Initial: _____

Home Address: _____

City: _____ Zip Code: _____

Parent(s) Contact Number(s): _____ Parent(s) Email: _____

_____ Student Email: _____

School Name (most recently attended):

Address: _____

Grade Level in the Fall of 2011: _____ Date of Birth: _____

Tell us why you should be selected to participate in the MHS Summer Health Career Program.

Please indicate which program location (& dates) you prefer to attend *(A complete and timely application will improve your chances of being selected as a participant for the day & location of your choice.)*:

Memorial Regional Hospital Tuesday, June 14 – Friday, June 17 9:00am to 3:30pm 3501 Johnson St., Hollywood, FL 33021	Memorial Hospital West Monday, August 1 – Thursday, August 4 9:00am to 3:30pm 703 N. Flamingo Road, Pembroke Pines, FL 33028
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Please circle the healthcare careers that you would like to learn more about.

Nursing	Radiology	Pharmacy	Laboratory
Registered Nurse	Ultrasound	Hospital	Medical Technology
Nurse Educator	MRI	Retail	Microbiology
Nurse Practitioner	Nuclear Medicine	Consulting	Histology

Parent/Guardian Consent and Release Agreement

- I. I, as the parent or guardian of (the "Participant"), do hereby consent to the participation of Participant in South Broward Hospital District d.b.a. Memorial Healthcare System's ("Hospital District") Summer Health Career Program (the "Program") at the following location: Memorial Regional Hospital, and Memorial Hospital West. The Program is designed to foster and encourage interest in healthcare careers. I agree to allow Participant to participate in activities offered by the Program.
- II. **Release of Liability and Assumption of Risk.** I understand that Participant may be engaging in activities that may involve risk of injury that can range from minor cuts or muscle strain to serious injury, permanent disability, property damage and/or death. These risks may result not only from their own actions, inactions, or negligence, but also from the action, inactions, or negligence of others. Further, there may be other risks not known to me, or not reasonably foreseeable, such as disability or death. I voluntarily and knowingly assume any risks on behalf of Participant and forever release Hospital District, its successors, assigns, officers, directors, employees and agents from any and all claims, damages, and causes of action whatsoever, both in law and equity, resulting from or relating to Participant's participation in the Program.
- III. **Medical Treatment:** In the case of an accident, injury or illness, I authorize the Hospital District to provide medical treatment for the Participant if I cannot be contacted immediately and I consent to the administration of any and all medical procedures deemed necessary. I understand that the Hospital District, the Program, its staff, and volunteers assume no financial obligations or liability for the immediate medical treatment that is provided to Participant.
- IV. **Person to Contact in Case of Emergency:**

Name

Telephone Day

Relationship

Telephone Evening

**Alternate Person to Contact in Case of
Emergency:**

Name

Telephone Day

Relationship

Telephone Evening

Participant's Physician:

Name

Telephone

Parent/Guardian Consent and Release Agreement (continued)



V. Medical and Dietary Information:

Dietary Needs/Restrictions: _____

Allergies: _____

Medications: _____

Medical Conditions: _____

Comments: _____

VI. I understand and agree that Participant will be subject to the rules and regulations of the Program and that the Hospital District reserves the right to discontinue any Participant's participation in the Program for failure to adhere to Program policies and guidelines. I also agree to provide transportation for Participant to and from the Program at the designated times. I agree to drop off no earlier than 8:30am and pick up no later than 4:00pm.

AGREED AND ACCEPTED.

I acknowledge that I have read and understand the foregoing and I sign this Consent and Release Agreement on the date stated below.

Participant signature

Date

Signature of Parent / Guardian

Date

Witness

Date

Memorial Healthcare System (MHS)

The MHS is a tax assisted healthcare system serving the South Broward Hospital District



The boundaries of the South Broward Hospital District extend from approximately Southwest 36th Street (Fort Lauderdale) on the north to the Dade County, Florida line on the south, and from the Atlantic Ocean on the east to the Collier County, Florida line on the west. Such area includes the incorporated cities of Cooper City, Dania Beach, Davie, Hallandale Beach, Hollywood, Pembroke Park, Pembroke Pines, and Miramar, Florida, as well as the unincorporated areas in southern Broward County.