

North Central Wisconsin Healthcare Alliance (NCWHA) Career Exploration Information/Authorization Form



The NCWHA offers a closer look for students that desire to learn more about health care careers through a Career Exploration Event. As you prepare to participate in a Career Exploration Event this document is designed to provide you with required information to ensure a safe experience for you, the facilities employees and patients. **Please note: Failure to sign (by student and parent) and return to facility contact person prior to the event will result in student not being allowed to participate.**

CONFIDENTIALITY: The nature of the health care industry and the state and federal privacy laws require all employees, volunteers, and students to maintain a high level of confidentiality with respect to all information of medical or business nature concerning patients, residents, doctors or employees. **Under no circumstances will such information be discussed with any unauthorized person(s) either outside or inside of the health care facility.** To engage in discussions of confidential information is not only a breach of confidence and a lack of concern for others, but may also involve you in legal proceedings.

INFECTION CONTROL: Proper hand washing helps to prevent the spread of infections from one person to another. Hand washing products, which contain a special antibacterial agent, are available in the rest rooms and work areas. Hands should be rinsed well using friction to remove residual soap. You may not enter any room designated "Isolation". If there is a potential that you will have direct contact with a patient's blood or other body fluids, you **must** wear protective apparel. Please consult with an on-site staff member for further instructions.

GENERAL SAFETY:

1. Please report any unsafe conditions or injuries to the host of your session.
2. The overhead paging system will announce warnings. Specific codes are announced to alert staff to emergencies. Please follow the direction of your onsite facility host.

TOBACCO: You will be required to follow the smoking policy at the health facility in which your career exploration event will be held.

TELEPHONE/ELECTRONIC DEVICE USE: Electronic Device usage/email/texting/photography/video is not allowed during your career exploration session.

WEAPONS and FIREARMS: Individuals may not carry Weapons or Firearms into any facility.

DRESS CODE: Appropriate professional business attire is expected. Jeans and t-shirts are not allowed. Be sure that your attire is modest. A general rule is to keep shoulders to knees covered. Aside from earrings, visible body piercing may not be worn. Shoes must have closed toes and socks must be worn. Any visible tattoo must be covered at all times.

I will be participating in a Career Exploration Event with a member organization of the NCWHA for purpose of personal learning and have read and understand the information on the Career Exploration Information/Authorization Form. I am attending voluntarily and without expectation of pay or benefit from the organization. My activities will be limited to observation only and the organization has the right to request that I leave the area of observation at any time. Neither any NCWHA member organization nor its employees shall be held responsible for any personal injuries which may occur to me on the premises while I participate in the exploration event. In the fullest extent allowed by law, I release and forever discharge the NCWHA member organizations, its agents, employees, representatives and parent companies, from all liability, losses and damages whatsoever incurred by me for any injury or damage of any kind in any amount, relating in any way to, or arising out of my participation in the exploration event. Should I need medical attention during or as a result of this event, I assume full responsibility for any treatments deemed necessary. I assume responsibility of all medical costs which result and release NCWHA and its members of all liability. I give the facility at which my session is being conducted permission to release my telephone number or contact directions, to the requested department. Patient/resident permission is required for all Career Exploration interactions. I understand that this permission may be withdrawn by the patient/resident at any time. While I am participating in the career exploration at any site under the NCWHA, I realize that all healthcare information, patient/resident care and records are a confidential matter. All information exchanged while I am observing must be held in strictest confidence. I also give permission to NCWHA/partner staff to use any photographs/videos which may include me for future health related promotions/media coverage. I attest that I am current in all immunizations as required. I agree that on my scheduled event date that I am free from communicable diseases, which include no fever, cough, malaise, diarrhea, nausea/vomiting. If I am not able to attend, I will do my best to cancel ahead of time in order to provide an opportunity for another student to attend. I read this document, understand its content, and agree to its terms and conditions freely and voluntarily.

Student Name (Please print)

Date of Birth

Student Signature

Date

Guardian Name (Please print)

Guardian Signature

Date

Career Experience Attending/Date Attending

High School