



# CAREERS and MEDICAL PROFESSIONS

STUDENT APPLICATION FORM – Please print legibly.					
Last Name		First Name		Middle Initial	Preferred Name
Home Address				CAMP program (circle one) Searcy          Newport	T-Shirt Size (Adult)
City		ZIP	Home Phone		Cell Phone
Sex	Race	E-mail Address			
Date of Birth		Please list any health concerns, such as allergies, diabetes, seizures, dietary needs.			
Name of School			School Address		
Grade Point Average		Graduation Date		When did you take a biology class?	
Name of Parents			Parent Daytime/Work Phone Number		
Daytime Emergency Contact Name			Daytime Emergency Contact Phone		
Daytime Emergency Contact Relationship to Student			Grade Student is Entering for Next School Year		

PERSONAL ESSAY: On a separate sheet of paper, write a short essay (100-150 words) about why you would like to participate in the CAMP program at Unity Health.		
List significant school-related honors, projects, awards, and accomplishments.	List significant non-school related involvement and achievements.	List any jobs you have worked.

### Student Acceptance Statement

I agree to be committed to the CAMP program and to respect the hospital and its patients and visitors. I will do everything I can to protect the privacy of others while at Unity Health. I agree to attend for the full length of the program. This is a day program, and transportation to and from each daily session is my responsibility.

Signed: \_\_\_\_\_  
(Student)

Date: \_\_\_\_\_

### Parental Permission Statements

*(Please initial each statement, circle the correct response as needed, and then sign and date the bottom line)*

\_\_\_\_\_ *Initial*  
I hereby grant permission for my child to apply to this program and for school officials to report my child's achievement and grades. I understand that if my child is accepted, we will be responsible for his/her daily transportation for the program. I understand that I, not Unity Health, am responsible for any medical treatment necessary for my child during CAMP.

#### Blood Draw

\_\_\_\_\_ *Initial*  
I do / do not (**circle one**) grant permission for a finger stick blood draw on my child for blood typing and fasting blood sugar for teaching purposes.

#### X-Rays

\_\_\_\_\_ *Initial*  
I do / do not (**circle one**) grant permission for my child to have x-rays made for radiological teaching purposes.

#### TB Skin Test

\_\_\_\_\_ *Initial*  
I understand my child must have a current TB skin test.

#### Field Trip

\_\_\_\_\_ *Initial*  
I do / do not (**circle one**) give my child permission to travel to scheduled field trip(s) as part of CAMP.

Signed: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

Please write Parent/Guardian name clearly: \_\_\_\_\_

### CHECKLIST OF REQUIRED PAPERWORK

- 1. STUDENT APPLICATION FORM
  - Be sure to fill out both pages of the form completely.
- 2. Personal essay (100-150 words)
- 3. Copy of your most recent school transcript
- 4. Two letters of recommendations from people who know you. They cannot be relatives.
  - These letters should state how you would benefit from and be an asset to the CAMP program.