

17-9510 Learner Participation Form

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Congratulations on taking the initiative to Shadow at CAMC Health System!

--In addition to your online application these other documents will need completed and returned.

Your Shadowing / Observation Date: _____

Your Preceptor / Host Name & Contact Information: _____

You may email forms to ola@vandaliahealth.org or mail them to:

CAMC Institute for Academic Medicine
 ATTN: Office of Learner Affairs
 3044 Chesterfield Ave.
 Charleston, WV 25304

A final schedule consisting of location, dates, and times will be sent to you 1-2 weeks prior to your scheduled arrival in order for you to plan pick-up and drop-off times. If you child is of age and plans to drive, please refer to the "student driver" section of the form.

I. STUDENT

Please type or print all responses legibly in ink

Last Name	First Name	Middle Initial	Nickname (if, applicable)
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T-Shirt Size: _____

Medical Problems/Allergies and/or Medications that we need to be made aware of:

Please provide any details that will need accommodated or knowledge of:
(example: latex or food allergies and if you will be providing Epi-pen for student, etc.).

II. STUDENT DRIVER

Please type or print all responses legibly in ink

My child _____ (name of student driver) has permission to drive to and from the CAMC Health Systems Shadowing/Clinical/Observership opportunity and be given a parking pass for each day of the program.

 Parent/Guardian Signature

 Date

III. STUDENT TRANSPORTATION*Please type or print all responses legibly in ink*

My child _____ (name of student) has permission to be transported to various CAMC Hospital campuses via CAMC Security Shuttle during the CAMC Health Systems learning experience.

*Parent/Guardian Signature*_____
*Date***IV. STUDENT AND PARENT SIGNATURES**

I certify that the information contained in this completed form is accurate. I understand that falsification of any information on this form may result in my being disqualified from any Observership/Shadowing/Clinical opportunity with CAMC Health Systems. By being selected for this opportunity and choosing to participate, I agree to abide by all health system rules and guidelines and participate in all the scheduled activities.

*Student Signature*_____
Date

I have read the forms and certify that the information is accurate. I give my permission for my child to participate in the CAMC Health Systems learning experience. I agree to support him/her throughout the program and will willingly respond as requested to the Office of Learner Affairs surveys regarding my child and his/her participation. I hereby agree that all participating entities will not be held responsible for any injury or accident that might occur through participation in the learning experience; in addition, any medical expenses incurred as a result of such injury or accident will be my personal responsibility.

*Parent/Guardian Signature*_____
Date



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I give my permission for photographs to be taken of me/my child to be used in publications, newspapers, television, websites or other visual media as related to the learning experience and all collaborating agencies. I understand that the above videotapes/photographs become the property of CAMC Health Systems. The videotapes/photographs may be used for news, education or other purposes related to the promotion of workforce development at CAMC Health Systems.

Student Signature

Date

Parent/Guardian Signature

Date

In case of medical emergency, staff must be able to contact a parent/guardian or other emergency contact authorized to approve medical treatment for the student. Please provide current, accurate information and assure that you and/or a back-up contact are always available while the student is participating in health system activities.

Parent/Guardian Name (PRINT)

Back-up Contact Name (PRINT)

Address:			Relationship:		
Home Phone:	Cell Phone:	Work Phone:	Home Phone:	Cell Phone:	Work Phone:

I acknowledge and give my permission for CAMC Employee Health to verify current vaccinations using the WV State Immunization System (e.g. Used by public school systems).

Parent/Guardian Signature
Date of Birth

Date

Student