

# ARE YOU INTERESTED IN A CAREER IN HEALTHCARE?

*High School Students & College Freshmen  
are invited to Hurley Medical Center's*

## **HEALTHCARE CAREER DAY**

**8:00 AM–1:00 PM**

**3<sup>RD</sup> FRIDAY OF THE MONTH**

### **HEALTHCARE CAREER DAY REQUIREMENTS ARE AS FOLLOWS:**

- You must be 15 years of age before the date you are planning to attend and in grades 10, 11, 12 or a college freshman.
- If you are under 18 years of age, a parent's permission is required.
- You need to e-mail [healthcareerday@hurleymc.com](mailto:healthcareerday@hurleymc.com) and you will be asked to complete a registration form online.
- You should register by e-mail, early, as there are only 75 seats available. A letter of confirmation will be sent to your home.
- **You must dress appropriately: no jeans, no baggy pants, no flip-flops, no sandals, no bare feet, no strapless shirts or tank tops, etc.**

### **PLEASE NOTE:**

- It will be up to the participant to make arrangements with their school for dismissal and transportation.
- Free parking is available in parking lots on 5th Avenue, west off Grand Traverse.
- Colleges & universities will be in attendance.
- This event is free to attend.
- Lunch WILL be provided.

**SPACE IS LIMITED—  
GET YOUR APPLICATION IN EARLY!**

To Register, email: [healthcareerday@hurleymc.com](mailto:healthcareerday@hurleymc.com)

This Healthcare Career Day at Hurley is sponsored by the Genesee County Medical Society Alliance, Hurley's Human Resources Department, Marketing Department and Volunteer Services. If you have any questions, please feel free to contact Lisa Hasselbach, Volunteer Director at (810) 262-9152.



**HURLEY**  
MEDICAL CENTER  
[www.hurleymc.com](http://www.hurleymc.com)



**"HEALTHCARE CAREER DAY" REGISTRATION FORM**

Which date would you like to attend?

January 20, 2017 \_\_\_\_\_ April 21, 2017 \_\_\_\_\_  
February 17, 2017 \_\_\_\_\_ May 19, 2017 \_\_\_\_\_  
March 17, 2017 \_\_\_\_\_

Student's name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (s) \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

(Name) (Phone)

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Confidentiality Agreement:**

Hurley Medical Center has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information.

I understand that during my participation in Hurley Medical Center "Healthcare Career Day", I may come in contact with patient health and demographic information. I understand that such information must be maintained in the strictest confidentiality at all times, both within and outside Hurley Medical Center.

My signature indicates that I understand that I am encouraged to talk about my experiences in general terms, but I may not disclose any factual information, such as patient names and other identifying details.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Participate

**IF STUDENT IS UNDER 18**

Hurley Medical Center is dedicated to protecting the confidentiality of patients' visits and treatments. Students are encouraged to discuss their experiences in general terms; however, patient names and other identifying details may not be disclosed.

I agree to the Hurley Medical Center (HMC) @ Photo Release (see **PHOTO RELEASE segment under I AGREE**).

I give permission for my child to participate in casting demonstration.

I give permission for my child to attend Hurley Medical Center "Healthcare Career Day" and agree to discharge the hospital of any all liability claims that may be attributable to my child's participation in the Healthcare Career Day" program. I understand that I can be held accountable for any and all breaches of confidentiality made by my child.

\_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature

Hurley Medical Center offers this program in its commitment to further health education and career exploration. As a health care provider, we are challenges to protect both patients' rights and to provide an educational and safe experience for the student. While it is not our intent expose you to contagious disease, state laws require we inform you that the patients who have contagious infections such as hepatitis, tuberculosis and AIDS are part of our patient population and your child may incidentally be exposed to these or other contagious diseases.

**I AGREE TO:**

It is my responsibility to cancel my participation in "Healthcare Career Day" if I exhibit the following symptoms: nausea, vomiting, diarrhea, rash, draining skin sores, pin eye, dizziness, nasal drainage, cough or elevated body temperatures.

I will accept full financial responsibility for the treatment of any injury or illness that might be the result of my shadow experience at Hurley Medical Center that might be result of my experience at Hurley Medical Center.

I will not hold Hurley Medical Center financially responsible for any broken, stolen or lost items I bring with me to the hospital.

During my experience @Hurley Medical Center I will be courteous, polite and respectful of others.

**I will arrive for "Healthcare Career Day" dressed in business casual attire.** No ripped or torn clothing, suggestive shirts, jeans, excessive short skirts, flip flops or hats/caps.

Transportation will be the responsibility of the student.

I understand I may not assist with patient care or touch any items in a patient room that are for patient use and were used by the patient. If I do, I will be asked to leave.

**PHOTO RELEASE**

I hereby authorize Hurley Medical Center (HMC) to publish my name, photographs and/or video of me (or the undersigned minor child), for use in HMC's printed publications, collateral, invitations, newspaper ads, billboards, radio, television, social media and website.

I acknowledge that since participation in publications and websites produced by Hurley Medical Center is voluntary, I (or the undersigned minor child) will not receive financial compensation.

I understand that I have a right to rescind consent for the use of this information up until a reasonable time before the information is used. If I wish to rescind consent, I must do so in writing. I understand that I will need to provide a written statement to revoke this release of information and mail it to Public Relations Manager, Hurley Medical Center, One Hurley Plaza, and Flint, MI 48503. I also understand that the revocation will not apply to information that has already been used, but will apply to any future use.

I further agree that participation in any publication and website produced by Hurley Medical Center confers no rights of ownership whatsoever. I release HMC from liability for any claims by me or any third party in connection with my participation (or the participation of the undersigned minor child).

I release Hurley Medical Center from any expectation of confidentiality for the undersigned minor child and/or myself, and attest that I am the parent or legal guardian of the child listed below and that I have the authority to authorize HMC to use his/her likeness and name.

My signature indicates my acceptance and responsibility for the above statements.

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

\_\_\_\_\_  
Date

HURLEY MEDICAL STAFF USE ONLY



Date Received \_\_\_\_\_