



SCRUBS CAMP:
Hands-on Adventures in Healthcare
3 Day Summer Camp (9am - 4pm)

Tuesday, June 15th – Thursday, June 17th, 2021 OR

Tuesday, July 20th - Thursday, July 22nd, 2021

Early Registration Camp Fee: \$175.00 **Deadline: April 30, 2021**

General Registration Fee \$200.00 **Deadline: May 28, 2021**

Camp Fee does not include housing

Online Payment: <https://www.hughston.com/summer-camp/>



Participant Application

Student Name: _____

Home Address: _____

Street

City

State

Zip

County of Residence

Student Cell: _____ Home: _____

Student Email: _____ HS Graduation Year: _____

Name of High School: _____ GPA: _____

School Address: _____

Street

City

State

Zip

School Phone: _____ Name of Sponsoring Teacher: _____

Parent/Guardian Name: _____ Parent Cell: _____

Parent Email: _____

Select Camp Dates Attending: () Tuesday, June 15th - Thursday, June 17th **OR**

() Tuesday, July 20th - Thursday, July 22nd

The following is for data collection and reporting to funding organizations only:

Birthdate: (mm/dd/yyyy) _____ Gender (Check one): _____ Male _____ Female

Ethnicity (Check one): _____ African-American/Black _____ Asian _____ American Indian/Alaskan Native

_____ Caucasian/White _____ Hispanic/Latino _____ Native Hawaiian/Other /Pacific Islander

_____ Other (please specify) _____ _____ Prefer to not answer

Application package and payment should be returned no later than midnight May 28th, 2021 to The Hughston Foundation
ATTN: Belinda Klein, bklein@hughston.com P.O. Box 9517, Columbus, GA 31908, (706) 494-3326 or Fax: (706) 494-3379.
Make checks payable to The Hughston Foundation.

Would you consider yourself "disadvantaged" (using the definition below)? _____ Yes _____ No

Definition: A "disadvantaged" individual is one who comes from an environment that has inhibited the individual from obtaining knowledge, skills, and abilities required to enroll in and graduate from a health professional training school, or from a program providing education or training in an allied health profession. OR a disadvantaged individual comes from a family with an annual income below a level based on low-income thresholds set by the US government.

Please list courses taken to prepare you for becoming a healthcare professional.

List other activities that have added to your development toward healthcare.

WAIVER, RELEASE, AND COVENANT NOT TO SUE

Parental Consent

I, for and in consideration of my minor child participating in the Scrubs Camp conducted by The Hughston Foundation and Three Rivers AHEC and their affiliates, do hereby waive, release, forever discharge, and forever covenant not to sue Three Rivers AHEC, The Hughston Foundation, Columbus Technical College or their affiliates or any directors, employees, or agents, based upon any claims, rights, liabilities or causes of action of whatever kind or nature, arising out of the voluntary participation of my child in the Scrubs Camp whether on or off the property of said Three Rivers AHEC, The Hughston Foundation, Columbus Technical College or affiliates whether resulting from my own negligence, the negligence of my own child or that of another child, that of any party released herein, or that of a third party.

I give my child permission to participate in the Scrubs Camp.

Parent/Guardian Signature _____ Date _____

Confidentiality Agreement

Three Rivers AHEC, The Hughston Foundation, Columbus Technical College and its employees/volunteers/students/visitors must make every effort to prevent unauthorized disclosure of medical, personal, and other data about patients and employees. To that extent, we believe it is imperative that as a condition for employment/volunteering/visiting each employee/volunteer/student/visitor be familiar with our confidentiality policy. It states that information on a patient concerning their presence in the hospital, their reason for being here, the treatment they are receiving, etc. is strictly confidential and may be released by authorized personnel only. Any knowledge of medical or personal information, about a patient is not to be disclosed outside the medical facility. Such information should not be passed from one individual to another inside the medical facility unless this is necessary for a patient's treatment. This policy was written to protect the rights of the patient from unauthorized disclosure as well as to comply with both federal and state law. As a routine matter, we must be very conscious as to our conversation outside the workplace. In no case should patient information be released or discussed with anyone unless it is in the performance of your duties. To ensure that you understand the importance of practicing a strict code of confidentiality, we must request that you read and sign the below statement.

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I fully understand the importance of following the confidentiality code and further understand that disclosure of any information regarding a patient and/or his/her condition may be a violation of federal or state law. I also understand that unauthorized disclosure of confidential information may lead to immediate dismissal from employment/volunteer services/camp activities.

It is the policy of Three Rivers Area Health Education Center (AHEC) and The Hughston Foundation to ensure that the information obtained through our various programs and activities on employees, Board of Directors, volunteers, preceptors, participants, youth, and other individuals or organizations are treated as confidential and stored in secure electronic and/or on-site storage systems. This information is provided by individuals to Three Rivers AHEC and The Hughston Foundation for the purpose of communication between them and organizations previously listed.

This information will not be released to outside parties without the knowledge or consent of the individuals involved.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

NON-REFUNDABLE DISCLAIMER

Parent/Guardian agrees to pay a nonrefundable **Early Registration fee of \$175 (deadline April 30, 2021) or Registration fee of \$200 (deadline May 28, 2021) (does not include housing)**. The nonrefundable fee is due by the aforementioned deadlines. The Hughston Foundation and its affiliates shall have no obligation to provide camp services of any type until the nonrefundable fee is paid in full.

I hereby acknowledge that I have been informed in writing of the requirement for payment of a nonrefundable fee for the 2020 Scrubs Camp. I hereby give my informed consent to payment of this nonrefundable fee.

Parent/Guardian Signature _____ Date _____

PHOTOGRAPHY/VIDEO RELEASE

I give permission to Three Rivers AHEC and The Hughston Foundation to use my child's picture for the purpose of promoting Summer Camps and/or activities.

Parent/Guardian Signature _____ Date _____

MEDICAL INFORMATION

In the event that your child should need medical attention while attending the Scrubs Summer Camp, we will attempt to contact you first. However, if you cannot be reached we would appreciate your permission to treat your child at the nearest Emergency Care Facility.

Parent/Guardian Signature _____ Date _____

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Father's Name _____

Work Phone: _____ Cell Phone: _____

Mother's Name _____

Work Phone: _____ Cell Phone: _____

Family Physician _____ Physician Phone: _____

Is the participant allergic to latex? Yes _____ No _____

Taking any medication? Yes _____ No _____ If yes, please list:

Do you have any physical disabilities or restrictions that would need consideration when planning the summer camp? Yes _____ No _____ If yes, please indicate.

If you have any particular food preferences or if you have any food allergies, please feel free to bring your own meals and snacks to camp.

HEALTH CAREER INTEREST QUESTIONNAIRE

1. I am interested in a health career because...

2. Participating in the Scrubs Camp will help me ...

3. Would you be able to provide your own transportation for an off-campus shadowing experience in the Columbus area? Yes ___ No ___

4. Rank by priority the health career areas you are most interested in:

a. _____	c. _____
b. _____	d. _____

T-SHIRT SIZE

Small _____ Medium _____ Large _____ X-Large _____ XX-Large _____ Other _____

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I, the undersigned, agree to allow my child to participate in this training program taking place at the Hughston Foundation, Inc. at 6262 Veteran's Parkway, Columbus Georgia Surgical Education Center Laboratory. I am fully aware that cadaver specimens, complex medical instruments, and testing equipment are being utilized during the training program and of the physical and biological risks of harm they pose.

Therefore, I hereby fully release The Hughston Foundation, Inc., its subsidiaries, officers, directors, employees, agents, and assigns from any liability, real or implied, for any injury, disease, or other such damage which may result in any way from my child's participation in or observation of this training program.

Due to the potential risks involved in working with cadaverous materials, the universal precautions approach will be utilized at all times. For their safety and protection, your child will be provided with and required to wear the following protective equipment while working with specimens: surgical gloves, impervious gown, and eye protection. Scrub suits, surgical masks, and shoe covers will also be available. All of the used garments should be placed in either the contaminated waste bin or the used scrubs bin when the lab session is complete.

Any equipment having evidence of malfunction shall be reported to the Research Director immediately for inspection and possible replacement.

Any specific eye, mouth, another mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials should be reported to the Research Director or Supervising Staff immediately.

It should be noted that The Hughston Foundation only obtains cadaveric specimens from certified tissue donor services. All tissue used for training purposes has undergone serology testing for infectious disease and has tested negative for Hepatitis B, Hepatitis C, and HIV.

No photography that includes cadaver tissue is allowed. Posting photos of any lab activities on social media is not allowed. Any photos posted on personal social media accounts will result in the request for the removal of the photos and loss of lab privileges for the student.

I have read, understood, and agreed to the information, waivers, and representations stated above.

Student's Name _____ Date: _____

Parent/Guardian Signature: _____

Parent/Guardian's Printed Name: _____

Note: Closed-toed shoes are required. Due to cold temperatures in the lab, wear long a sleeve shirt and pants or bring a jacket.

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Additional information:

Camp Agenda: The full 3 day agenda (9:00am – 4:00pm) will be sent via email to registrants a week prior to the camp. The first two days of the camp will be held at the The Hughston Foundation and the third day will be at Columbus Technical College.

Transportation: Transportation to/from the camp locations will NOT be provided.

Housing Options: Housing will NOT be provided for registrants. Hotel information can be provided upon request.

Social Distancing:

Organizers of Scrubs Camp will follow the current recommended CDC social distancing guidelines for the safety of camp participants and staff.

Participants numbers will be limited to assist with sanitation and social distancing guidelines.

Hand washing and sanitizing stations will be accessible to participants.

Individuals will be required to wear face coverings at **all** times except for when eating and drinking (environment will be suitable for individuals to be 6 feet apart).

If a camp participant experiences symptoms of COVID-19 or have been exposed to the coronavirus 10 days prior to or during the camp dates, please contact camp organizers to assist with current quarantine protocols and possible partial registration fee refund.

Thank you for your cooperation, please let us know if you have any questions or concerns.

Acknowledge receipt of these protocols by signing below.

Guardian's Signature

date