The MUSC Summer Nursing Camp provides an introduction to the nursing profession through the use of interactive presentations, hands-on skills lab opportunities, and exposure to the healthcare environment.

**Tuesday, June 18** → Introduction to healthcare professional role: Students will be introduced to the ever-changing healthcare environment and begin to acquire valuable skills to use in future nursing careers.

- Hospital overview
- CPR certification course
- Infection Control and Handwashing practice review

**Wednesday, June 19** → Role of the Registered Nurse: Students will be introduced to the nursing profession.

- Review of Education requirements for the Registered Nurse
- Tour of nurse training facility at state of the art Simulation Laboratory
- Hands on skill lab experiences

**Thursday, June 20** → Career Coaching: Students will have access to nursing staff as role models and gain exposure to nursing community through interactive tours.

- Exposure to nursing role through hospital department tours
- Panel nurse discussion
- Closing ceremony 2:30-3:00 Wrap up session, all participants & parents invited

**Participation Requirements**

*Submit all Participation Forms to*

Chad Vail, CCSD Work-based Learning Coordinator

[Chadwick_Vail@charleston.k12.sc.us](mailto:Chadwick_Vail@charleston.k12.sc.us) / Fax 843-937-6600
MUSC Summer Nursing Camp Participation Form  
June 18-20, 2013

Please return to Chad Vail, CCSD Work-based Learning Partnerships Coordinator  
Chadwick_Vail@Charleston.k12.sc.us / Fax: 843.937.6349 / Office: 843.937.6489

**Student Information**

<table>
<thead>
<tr>
<th><strong>Full Name:</strong></th>
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<tbody>
<tr>
<td><strong>Mobile Phone:</strong></td>
<td><strong>Home Phone:</strong></td>
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<tr>
<td><strong>Birth Date:</strong></td>
<td><strong>Parent/Guardian Name:</strong></td>
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<td><strong>Home Address:</strong></td>
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<tr>
<td><strong>Emergency Contact Name(s):</strong></td>
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<tr>
<td><strong>Emergency Contact Phone(s):</strong></td>
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**Specific Occupation/Career Interest:**  

**School:**  

**Courses Completed within Major:**  

**CTE Career Major:**

**Transportation Arrangements:**  

- ( ) Drive Self  
- ( ) Ride with Parent/Guardian  
- ( ) CARTA

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I, __________________________________________ (student name), agree to maximize this opportunity with a positive attitude. I agree to be on time each day, and ready to learn. I agree to be respectful of the volunteers leading this camp and the other students involved. I agree to follow the rules and represent my family and my school well.

**Student Signature:**  

Date  

**Parent Signature:**  

Date:
Consent to Participate in Career Exploration Program – Non-Employee

Some areas of the MUSC campus are potentially hazardous environments. Even under ideal conditions, including the proper use of materials and adherence to safety procedures, a risk of personal injury exists. Failure to adhere to established procedures may result in even greater risk. The participant will receive appropriate training from their sponsor on how to identify hazards and work with materials and equipment safely, and will be supervised in the handling of instrumentation and materials that may pose a risk. I understand that the participant may be removed from the program on a temporary or permanent basis, if he/she refuses or is unable to follow the safety rules, wear assigned personal protective equipment and perform the activity as directed.

I agree to notify the Office of Human Resources of any allergies or other physical, mental or emotional condition that might limit the participant’s ability to safely participate in this program.

I give permission to the Medical University of South Carolina (“MUSC”), its physicians, faculty and staff members, agents and services to provide such emergency care and treatment to the minor, as in their judgment may be deemed necessary or advisable in the event that the minor should require emergency care while participating in the career exploration program at MUSC. I agree to assume the costs of such emergency care and treatment, if any such costs are incurred.

I, the undersigned, for and in consideration of the benefit to be derived by participation in the career exploration program, do hereby release and forever discharge Medical University Hospital Authority (MUHA), the Medical University of South Carolina (MUSC), their affiliates, agents, servants, representatives and staff from and against any and all liability and responsibility for any allergies, injury, illness or sickness which may result from participation in the career exploration program, and do hereby further agree to indemnify and hold harmless MUHA, MUSC, their affiliates, agents, servants, representatives and staff, from any and all liability in such regard.

Confidentiality Statement – Non-Employee

I understand that information concerning patients, their illness or their families is private. I preserve this right to privacy by not discussing their conditions, treatments, or any other private matters in public settings either in the Hospital or outside of the Hospital.

Any information obtained from the patient’s medical record will be used only for authorized purposes. I will preserve and protect contents of the records and any other confidential information obtained. Information concerning employees and employee records is private and confidential. I understand that this private information shall be distributed only to authorized personnel. Financial information of patients, employees, or the organization shall be distributed only to authorized personnel.

Computer access codes are recognized as electronic signatures to access automated patient and employee records. I understand that due to the confidential nature of the documentation in the medical record, my password should not be shared with another person. I hereby agree not to reveal my password, nor will I attempt unauthorized access to the system. If I suspect the security of my password has been compromised, I agree to report this to the Security Administrator immediately.

I understand that any violation of these rules of confidentiality may cause my association with MUHA to be terminated. I understand that a breach in confidentiality may be in violation of federal HIPAA and/or state statutes and regulations, and subject to prosecution under the law.

Participant’s signature

Date

Date of Visits

Unit / Department visiting

Parent/Guardian signature

Date

(required if participant younger than 18)