

## **Nursing Boot Camp Program**

The purpose of the Nursing Boot Camp Program is to provide students with an opportunity to experience the nursing field to determine if the career path is a good fit for the individual. By providing this opportunity, King's Daughters allows students to explore a career in health care and employment opportunities. The Nursing Boot Camp Program enables participants to gain awareness of the academic, technical, and personal skills required in health care professions. Participants will not be permitted to provide patient care.

To be eligible, applicants must be at least a junior in high school (parent or guardian consent required for all participants under 18 years of age).

To participate in the Nursing Boot Camp experience, please complete the following steps:

- 1. Request Nursing Boot Camp Program information packet
- 2. Complete the program application and submit to Learning Services Department
- 3. Complete the Authorization/Release of Liability form
- 4. If under the age of 18, complete the Parental Consent

You will be required to review HIPAA Privacy training; Dress Code/Personal Appearance Policy and Procedure; and a Statement of Understanding and Compliance at the beginning of the Nursing Boot Camp experience.

Contact for more info: Matthew Greathouse, BSN, RN

Phone: 606-408-0107

Email: matt.greathouse@kdmc.kdhs.us



## **Nursing Boot Camp Application**

Full Legal Name First N	Vame	Middle Name	Last Name
Birth Date	Social Secu	rity Number	
Driver License Number		State	
Address			
Home Phone		Cell Phone	
Contact Number			
Email			
School			
Γ-Shirt Size			
What professions are you intere	ested in?		
What specialty are you intereste	ed in?		
Signature			Date
Parent or Guardian Signature	<del></del>		Date



## Parental Consent to Participate in the Nursing Boot Camp Program

Since my child is not eighteen (18) years old I understand that he/she must have my consent to participate in the Nursing Boot Camp at King's Daughters Medical Center, I am reviewing this document, along with application which will be signed by the minor.

The student and I acknowledge the following:

- We have read and understand program requirements and have signed the application for participation in the program. I have reviewed the requirements and the steps to complete the process and will ensure that the student fulfills the obligations to the best of my ability.
- The student will be reliable and punctual in fulfilling obligations related to the job shadowing program.
- We understand that we are responsible for transportation to and from the job shadowing experience.
- We will ensure that the student will abide by all the policies, rules, and standards of King's Daughters Medical Center. If at any time the student's behavior is inappropriate, the student may be dismissed from the program.
- We understand information regarding a patient or former patient is confidential and is to be used only within an educational setting. The student has agreed to abide by HIPAA requirements and we understand the requirement for confidentiality as it relates to the practicum.
- We understand that the student can be exposed to sick people.

ademy Students (Minors): for the minor's involvement in the Academy Program and you will hold the
Date
for the above named requirements
t to be accountable for the above statements.
Date