

## **STUDENTS: PLEASE KEEP THIS SHEET FOR YOUR RECORDS**

Hello!

I'm excited to present the first Inaugural, FCMC Mash Camp. We want you to know, we are excited about your interest in a healthcare career. We hope to enhance your knowledge and gain respect for the careers in healthcare. Please fill out the entire application, including all signatures needed from you, your parent and guidance counselor. If you have questions, please feel free to email or call me at any time. ALL students who apply will be notified prior to the camp. If you have not received a notification by March 20<sup>th</sup>, please contact your guidance counselor. Students will not be considered until all paperwork is complete and all consents are signed. ***We will be accepting 40 students from the county, for the first year.***

If you are not sure what to expect, below is a little information about our camp. I look forward to meeting you.

### **FCMC MASH CAMP April 2<sup>nd</sup> and 3<sup>rd</sup>, 2020**

**FCMC MASH Camp, is a 2-day camp that introduces high school students in 7-12<sup>th</sup> grade, to health careers. Students will visit a variety of health care locations, learn medical terminology, and hands on activities. Suturing, proper sterilizing techniques, casting and learning about a variety of health careers, will be some of the fun we will be having. We will also discuss the level of education needed for different careers and average pay ranges.**

**Camp is Free.**

**Lunch, and snacks are provided.**

**Scrubs will be provided**

**Camp starts at 8:30am and ends at 2:30pm**

**Enjoy! You will have fun!**

Deb Sheffield, Cardiopulmonary Manager  
[dsheffield@fcmcpa.org](mailto:dsheffield@fcmcpa.org)  
717-485-7314

Misty Hershey, Director of PR/Community  
Benefit  
[mhershey@fcmcpa.org](mailto:mhershey@fcmcpa.org)  
717-485-6115



# FCMC MASH CAMP

PROGRAM DATES: April 2<sup>nd</sup> and 3<sup>rd</sup> 2020 | DEADLINE TO APPLY: February 14<sup>th</sup>, 2020

## STUDENT INFORMATION

Please print clearly

### STUDENT:

Name: \_\_\_\_\_  
*Last First Middle initial*

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Day Year*

Home Address \_\_\_\_\_  
*Street or P.O. Box*

\_\_\_\_\_ *City State Zip code*

Home phone number: \_\_\_\_\_ Student Cell \_\_\_\_\_  
*(xxx) xxx-xxxx (xxx) xxx-xxxx*

E-mail address: \_\_\_\_\_

Name of School: \_\_\_\_\_

Year You Will Graduate: \_\_\_\_\_ What Grade will you be in April 2020? \_\_\_\_\_

What health career (s) are you MOST interested in? \_\_\_\_\_

Please list any food allergies or dietary restrictions you have: \_\_\_\_\_

Do you have any medical conditions, including pregnancy, we should be aware of?  Yes  No

\*If yes, please specify: \_\_\_\_\_

### ***PARENT or GUARDIAN Information***

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home/Work phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_  
*Area code/number Area code/number*

# MASH SESSIONS

Rank from 1-10. #1 being your top choice and #10 being your least favorite.

**Choice of sessions:**

- NURSING
- LABORATORY
- EMERGENCY MEDICAL SERVICES
- RADIOLOGY
- BIO- MEDICAL
- OPERATING ROOM
- THERAPY (Speech, Physical, Occupational)
- PHARMACY
- RESPIRATORY THERAPY
- DIETARY/DIETICIAN

**If you do not see an option listed, please write in the area you would want to shadow. We cannot guarantee this area will be added to the camp.**

REQUEST: \_\_\_\_\_

## PHOTO CONSENT

You have my permission to use the video or photography taken of me, as well as, my name in connection with Fulton County Medical Center's name, in brochures, press releases, billboards, websites, and social media. You may use my photograph(s) and my name until I indicate in writing to you that I desire to revoke my permission.

**Project/Description:** MASH Camp

**Location:** Fulton County Medical Center

---

(If the individual is under 21 years of age, a parent or guardian must also sign below).

**Individual:**

**Parent Guardian**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

# DICIPLINARY POLICY

Fulton County Medical Center staff aim to maintain a safe, positive, and educational environment for all participants. Certain behaviors can result in your immediate dismissal from FCMC MASH Camp with notification to your school and parent/guardian. These behaviors include, but are not limited to:

- Deliberate violation of host facility's safety rules
- Possession of alcohol and/or illegal drugs
- Being intoxicated or under the influence of any controlled substances
- Use of tobacco products or e-cigarettes during program hours
- Violation of dress code or cell phone use
- Inappropriate language or discussions
- Violation of HIPAA rules and regulations
- Harmful or inappropriate contact or communication with other participants and/or staff
- Deliberate destruction or damage to property
- Unexcused tardiness or absence

## STUDENT ACCEPTANCE STATEMENT

All expenses for this camp are being paid for by the Fulton County Medical Center. You agree to attend the full length of the program (2 days) and to abide by the disciplinary policy. **Please note, this is a day program and transportation to and from each daily session will be provided by the school.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*(Student)*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*(Parent)*

## SCHOOL COUNSELOR ACADEMIC ENDORSEMENT

Student Name \_\_\_\_\_  
(First) (Middle) (Last)

I have discussed pertinent information on this form with this student and agree that he/she is genuinely interested in participating in the FCMC MASH Camp.

\_\_\_\_\_  
Counselor's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Printed Name

\_\_\_\_\_  
Counselor's Email

## FCMC HEALTHCARE SHADOWING EXPERIENCE

Students considering a career in healthcare have a unique opportunity to “shadow” various healthcare providers at the Fulton County Medical Center (FCMC). This shadowing experience allows a student to observe a healthcare provider at work, seeing and treating patients, interacting with co-workers, and allows the potential student a glimpse into the world of work they are considering. These shadowing experiences take place in a functioning medical facility, so parents and students should be aware of the environment of medical care.

**INFECTION CONTROL** -- Fulton County Medical Center is a general acute care hospital and long-term care nursing facility. All such medical facilities provide care for the sick and injured, so patients with a wide variety of medical conditions may be observed by the student. The Medical Center employs modern infection control techniques to protect patients, visitors and staff, but no process can guarantee that exposures will not occur.

Effective infection control processes are one of the first, and most important, parts of a healthcare education. Students participating in a shadowing experience are not expected to have direct patient contact, but will be in close proximity with patients during the course of their time at the Medical Center. Healthcare providers hosting a student will explain and demonstrate current infection control techniques, and students agree to follow the guidance given by their host or hostess.

**PRIVACY AND CONFIDENTIALITY** -- From the origins of modern medicine, healthcare providers have been responsible for maintaining the confidentiality of patient identity and medical condition. Current federal and state laws have very strict guidelines to protect patients from breaches of their privacy while receiving medical care. In a small rural community such as Fulton County, it is a frequent occurrence to observe patients who are already known to the student. It is important that the student and his or her parent(s) be familiar with the need to maintain patient privacy. Students are responsible to keep patient information private, not identifying or discussing patients with their parents, teachers, fellow students or school administration.

**AGREEMENT** -- My signature below signifies that I understand that I may observe patients with known illnesses that can be transmitted to others. I agree to follow any and all infection control procedures described and demonstrated by my host during my shadowing experience. I also agree that I will not disclose any patient’s identity or medical condition, whether I am already acquainted with the patient or not.

I will be shadowing at FCMC on \_\_\_\_\_  
Date (s)

\_\_\_\_\_  
Student’s signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent /Guardian signature

\_\_\_\_\_  
Date