

Authorization for Participation in Sparta Community Hospital District's Explorers Program 8818

I understand that the Boy Scouts of America offers several Learning for Life programs, including career exploration programs called "Exploring", I further understand that Sparta Community Hospital is a participating organization in Exploring and operates the SCH Explorers Post 8818.

I understand that Explorers Post 8818 conducts activities at Sparta Community Hospital.

As the parent or guardian of the minor Student listed below, I hereby authorize the Student's participation in all Explorers Post 8818 activities at Sparta Community Hospital.

I specifically authorize Student to participate in hands on activities that use sharp instruments, including but not limited to needles, razors, scalpels, scissors, knives, and other medical devices that may puncture or cut through skin and other body parts.

_____ ***Legal Guardian Initials***

I understand and agree that should Student require emergency medical assistance, it will be available to Student and that I am responsible for paying any related expenses.

In addition to authorizing Student's participation in Explorers Post 8818, I am also releasing, holding harmless, waiving any claim against, and agreeing not to bring or participate on my own behalf or on behalf of Student in any claim, lawsuit or demand against Sparta Community Hospital and/or any of its officers, employees, directors, or agents for expenses, damages, costs or any compensation arising out of or relating to Explorers Post 8818 and its activities as well as any injury arising out of Student's presence on Sparta Community Hospital's property for Explorers Post 8818 activities.

Name of Student: _____

Printed Name of Legal Guardian: Date: ____/____/____

Signature of Legal Guardian: Date: ____/____/____

Emergency Contact Telephone Number:

(____) _____ - _____



EXPLORING™
DISCOVER YOUR FUTURE
IN HEALTHCARE
2021/2022





What Is The SCH Sparta Community Hospital Explorers Program?

The Explorers Program is designed for high school students interested in a career in the Healthcare Field.

Through the SCH Explorers Program a student will experience and learn “hands-on” many of the opportunities in the healthcare field along side of our healthcare professionals. The program will also help them to decide if a healthcare career is the right fit for them.

The SCH Explorers Program is a 10 month program. The students will meet the second Tuesday of each month at 5pm for a meeting/event August, 2021 through May, 2022.

***Sparta Community Hospital is a registered
Medical Explorers Post #8818.***

Contact Information:

Sparta Community Hospital, 818 E. Broadway, Sparta, IL 62286

Website: www.spartahospital.com

Explorers Program email contact: mulhollandc@spartahospital.com

Post Advisor: Joann Emge, CEO, 618-443-1401

Committee Chairperson: Carol Mulholland, 618-443-1465

Executive Officers: Peter Hertzing & Meredith Klausing

Sparta Community Hospital Media Consent Form

The undersigned do hereby authorize Sparta Community Hospital and

(Student's Name)

To interview, photograph, and/or record on digital tape, film or audio device, for internal or external broadcast and publishing purposes, including social media.

This consent hereby gives Sparta Community Hospital and

(Student's Name)

the authority to use information or other materials in such a manner as they deem necessary for no fee. This consent hereby releases Sparta Community Hospital, its employees, agents and any involved physicians from any liability.

Date: _____

Printed Name: _____
(Student)

Signed: _____
(Student Signature)

Witness: _____
(Parent/Legal Guardian Signature)





or
618-443-1465.

LOCAL COUNCIL COPY



Student Participation:

- ♦ Students are required to attend at least 75% of the Post 8818 Meetings.
- ♦ Students are encouraged to participate in Sparta Community Hospital District community events, such as:
 - ◊ January Health Fair
 - ◊ Parades
 - ◊ Wellness Events
 - ◊ Auxiliary & Wellness Foundation Events
- ♦ Students are required to complete at least 4 hours of volunteer time during the program.
- ♦ After completing the Explorers Program, students will be required to write a short essay reflecting their Explorer Experience and any knowledge or inspirations toward their career or college path.

Medical Explorer Program Outline:

Meeting Dates, 5pm
2021/2022:

August 10
September 14
October 12

November 9
December 14
January 11

February 8
March 8
April 12
May 10

- *HIPAA (Health Insurance Portability and Accountability Act)
- *Hospital Tour
- *Pharmacy
- *Nursing
- *Home Health Services
- *Surgery
- *Social Services
- *Behavioral Health
- *Physical Therapy
- *Sports Medicine
- *Occupational Therapy
- *Nutrition Education
- *Primary Care Clinics

- *Cardiopulmonary Resuscitation (CPR)
- *Emergency Services (ER)
- *Tele-Med Services
- Support Services:*
 - *Maintenance
 - *Environmental Services
 - *Supply Chain Operations
- Emergency Medical Services:*
 - *ARCH Flights
 - *MedStar Ambulance Services

Qualifications of a Healthcare Explorer:

- ♦ Must be 14-20 years of age, with at least an eighth grade diploma.
- ♦ Student must maintain a good academic standing.
- ♦ Student will consistently communicate with program leaders.
- ♦ Student will serve as a representative of their school and of Sparta Community Hospital District while at any SCHD site.
- ♦ Student is expected to uphold a conduct of professionalism, accountability, responsibility and integrity at all times.
- ♦ Examples of misconduct:
 - ◊ Use of profanity, disruptive behavior, fighting or destruction of property
 - ◊ Poor Attendance
 - ◊ Violation of patient privacy/HIPAA
 - ◊ Inappropriate phone/camera/social media use

Dress Code:

- ◊ Student is expected to dress appropriately, Clean, Neat, and Modest.
- ◊ SCH Explorer Badge must be worn above the waist at all times.
- ◊ Students must wear provided Healthcare Explorer apparel. SCH will provide any other attire for areas where deemed necessary.

Communication:

- ♦ Student will provide contact information for program purposes, such as email address and phone number.
- ♦ Student will be responsible for all communications, including social media and at no time claim to be speaking on behalf of Sparta Community Hospital.
- ♦ Information regarding patients or photographs of patients are strictly prohibited and are grounds for immediate program termination.

Protocol for Dismissal:

- ♦ Verbal Warning
- ♦ Written Warning
- ♦ Failure to improve will result in termination of program

