



Return completed form to:
Nedra Starling, Instructional Designer
Cleveland Clinic Office of Civic Education Initiatives
1950 Richmond Road TR307
Lyndhurst, OH 44124

Cleveland Clinic/Brush High School Beyond the Chair Community Outreach Pampered Beauty Program Registration

Welcome to the Cleveland Clinic (CC)/Brush High School Beyond the Chair Community Outreach Pampered Beauty Program. The Cosmetology Program at Brush High School is a school based training program designed to prepare 11th & 12th grade students for entry-level cosmetology positions. Basic program instruction is done through classroom instruction, laboratory experiences in the classroom and the field, as well as required academics, to reach a level of preparation for graduation and successfully passing the Ohio State Board of Cosmetology (OSBC) licensing examination. The Cleveland Clinic/Brush High School Cosmetology Beyond The Chair Community Outreach Pampered Beauty Program at Cleveland Clinic's Beachwood and Willoughby Family Health Centers is designed to offer the student an in the field laboratory experience building upon and putting into practice skills learned in the classroom. Please complete all of the sections of this form in order to properly register for participation in the program. Please print all information except where a signature is requested. Return completed forms to your instructor by the specified due date. If you have any questions you may contact Nedra Starling at 216.297.8304 or starlin@ccf.org Thank you.

Registration Check List: Student must complete the requirements listed below prior to the start of approved participation in the program. NOTE - Registration forms may not be faxed.

1. Completion & submission of registration packet including emergency contact information and medical & liability releases
2. Placement & reading of TB test (provided by Cleveland Clinic)
3. Submission of a copy of your up-to-date immunization record (please ask school for a copy)
4. Completion of selected coursework on the Cleveland Clinic COMET on-line training website.
5. Photo ID badge (provided by Cleveland Clinic - **MUST BE RETURNED TO INSTRUCTOR AT THE END OF THE PROGRAM**)
6. Any student 18 or older must be fingerprinted prior to receiving their Clinic ID badge.

Student & School Information

Today's Date:

DUE DATE:

Student Name	SS#
Birth Date	Current Age Gender F M
Student Address	
Student City/ST/Zip	
Student Home Phone Number ()	Cell Number ()
Student E-Mail address	
Careers interested in (indicate four choices)	
1. _____	3. _____
2. _____	4. _____
School Name	Current Grade 11 th 12 th Overall GPA
School Principal	
School Address	
School City/ST/Zip	
School Phone Number ()	

Teacher/Counselor Contact				
Teacher/Counselor Contact Department				
Teacher/Counselor School Contact Number ()		FAX Number ()		
Teacher/Counselor Contact E-Mail				
My Level of Computer Literacy (Circle One)	Excellent	Good	Fair	Poor
My Time Management Skills Are (Circle One)	Excellent	Good	Fair	Poor
Work experience				
Volunteer experience				

Parent/Guardian Information for Emergency Use

Parent/Guardian Name	
Address	
City/ST/Zip	
Home Phone Number ()	Cell Number ()
E-Mail	
Place of Employment	
Address	
City/ST/Zip	
Work Phone Number ()	E-Mail @ work
ADDITIONAL EMERGENCY CONTACT -	
If I can not be reached at the above phone numbers please call _____	
Their home number is _____	Their work/daytime number is _____
They are a (circle one) friend neighbor relative	

Medical Consent Information

PART 1: I hereby authorize Cleveland Clinic and its physicians, nurses, and employees to provide or seek medical services to/for (print minor's name on line) _____, a minor, my child (biological or legal through adoption or guardianship), should such medical services and treatment become necessary while said minor is either at any facility of Cleveland Clinic, or in the company of a clinic employee acting as my child's mentor, advisor, preceptor, chaperone or other role as part of the Cleveland Clinic (CC)/Brush High School Beyond the Chair Community Outreach Pampered Beauty Program.

Part II: To the best of my ability and current knowledge, my child's existing allergies, if any, are **(if none, print none)**

Part III: To the best of my ability and current knowledge, medications currently being taken by my child are **(if none, print none)** _____

Part IV: My health insurer is _____ Policy # _____
Primary Physician's Name _____ Telephone number _____

Program Description & Activities

This program is designed to provide a meaningful and practical educational and career exposure experience for the student. The project is also designed to offer a "pampering" service to our Hematology/Oncology patients at The Cleveland Clinic Beachwood and Willoughby Family Health Centers while they are receiving or waiting for the administration of their chemotherapy treatment. As part of the program the students will be responsible for delivering the following services to patients:

- Basic hand & arm massage with lotion (heated and non-heated)
- Basic facial (face and neck) with lotion (non-heated)
- Basic paraffin treatment for hands only

The following are examples of the types of activities the students may participate in or observe during his/her participation in the program. It is not intended to be a complete or binding list of all program activities.

- Observation of medical procedures;
- Access to and interaction with patients being treated by health professionals;
- Performance of tasks and participation in hands-on experiences permitted through on-site training by a CC employee and/or under the supervision of a licensed instructing cosmetologist.

Cleveland Clinic will exercise reasonable care in the supervision of the student and the determination of his/her actual assignments during their participation in the program. Students will be provided protective garments, personal monitoring devices and/or other safeguards (including testing if necessary) as normally provided CC employees present in such areas.

Program Guidelines

During this program the student will spend individual time at a facility of Cleveland Clinic under the direct supervision of their instructor and a CC employee in their assigned location. The student may also work with other CC employees in that same location. While there, the student will function as a member of that area's work team and be responsible for the tasks assigned, based on skills and training by their CC mentor and their instructor. Please read carefully the following information and guidelines for the program:

- Students must comply with all CC policies, especially those concerning appropriate behavior, confidentiality of information and dress code (additional department policies may apply);
- Poor behavior may cause interruption in your placement or lead to removal from the program;
- Transportation to and from CC is not provided by CC but may be provided by the school;
- Lunch is not provided for the student - there are several cafeterias, vending areas and eating facilities on the campus to choose from and most departments have refrigeration available;
- You must arrive at your designated CC location no later than the assigned arrival time and remain there until the assigned departure time; you must be on time, dressed neatly and appropriately. Your school issued smock must be worn and your CC issued badge must be visible. Absolutely no shorts, torn or baggy clothing, pagers, walkman's, MP3 players, CD/DVD players, headphones, electronic games & players, or other electronic devices will be allowed (Please read attached Personal Appearance Policy);
- Cellular phones must be turned off and stored in your purse or backpack while on CC property;
- Prior to participation in this program each student shall submit to CC evidence of good health and provide certification that they have been immunized against the common communicable diseases;
- In the event the student is, or becomes during the course of the program, injured, sick, pregnant, or otherwise impaired, the student shall immediately notify the Office of Civic Education Initiatives so their participation in the program can be properly modified as necessary; if the student is injured, or requires first aid or emergency treatment while at CC, CC agrees to make reasonable efforts to immediately seek said treatment and to notify the parent/guardian that such treatment is necessary - parents/guardians shall be responsible for payment to CC for such care, CC is not obligated to provide any other/additional medical or surgical service to the student; **EMERGENCY CONTACT INFORMATION MUST BE PROVIDED ON THIS APPLICATION**
- CC may terminate a student's participation in any and all activities at CC related to this program or any other activities and programs available through our partnership as a result of lack of competence, conduct or behavior which is considered by CC to be a breach of CC policies or detrimental to patient care. Both student and parent/ guardian agree that the due process rights accorded the student pursuant to their home School District & Board of Education Student Handbook shall not be applicable to such termination;

Student Signature of Agreement for Participation

I acknowledge that I have been provided with adequate information about the purpose and content of the Cleveland Clinic (CC)/Brush High School Beyond the Chair Community Outreach Pampered Beauty Program and my responsibilities related to successful participation in the program. I have reviewed the terms provided herein and in consideration of my participation in the program and the Partnership, and by signing below, indicate understanding of and agreement to these terms.

Signature of Student

Date

Parent/Guardian Consent & Release

_____,(print minor's name) is authorized by the undersigned to participate in all activities related to the Cleveland Clinic (CC)/Brush High School Beyond the Chair Community Outreach Pampered Beauty Program. These activities may include, but not be limited to, research assignments, tours, field trips, special sponsored events, observation of medical procedures, access to and interaction with patients being treated by health professionals, performance of tasks and participation in hands-on experiences permitted through on-site training by a CC employee and/or under the supervision of a licensed instructing cosmetologist, on-site procedural participation & observations. (The above examples of the types of activities the students may participate in or observe during his/her participation in the program. It is not intended to be a complete or binding list of all program activities.) These activities will take place at our Beachwood and Willoughby Family Health Centers (26900 Cedar Road, Beachwood, OH and 2570 SOM Center Road, Willoughby Hills, OH). In consideration of the above named minor’s participation in these activities, the undersigned, as the parent or legal guardian of the above named minor, releases and discharges Cleveland Clinic, the Office of Civic Education Initiatives, your home School District, your home School Board, your home School, and individual volunteers therein, as well as their respective officers, directors, board members, employees, agents and representatives, from all liability arising out of or related to the program and participation in the program by my child. Further, it is understood that the education partnership relationship that your home School, School Board and School District has with Cleveland Clinic does not include health care services, nor does it affect individual health insurance obligations, even if the need for emergency care should occur. The undersigned further authorizes the Cleveland Clinic/Brush High School Beyond the Chair Community Outreach Pampered Beauty Program, Cleveland Clinic, its Office of Civic Education Initiatives, Brush High School Cosmetology Program, Brush High School their agents or employees, any of its physicians, or other persons, including members of the external media, print and/or broadcast, authorized by CC, the OCEI and/or Brush High School and/or the South Euclid Lyndhurst School District, to interview my child or photograph, make motion sound pictures, movies, videotapes, or audiotapes, of my child. I agree that the interview, negatives, prints, videotapes, audiotapes, or computer graphics prepared therefrom may be used for any purpose, including: medical research, grant writing, professional or patient education, newspapers, magazines, web sites, Intranet, Internet, television, billboards, displays, exhibits, audiovisual or multimedia presentations, kiosk imaging, radio broadcasts, and any other news, public service, promotional, or advertisement reason, especially to further the aims and objectives of this program. I acknowledge that such use may occur at unspecified times after the date of this Authorization, whether my child is alive or not. I acknowledge that any photograph, motion sound picture, movies, videotape, or audiotape taken of my child will become and remain the sole property of CC or of the authorized print or broadcast media organization. By signing below, I agree that I have read and understand this agreement and that I will support his/her participation by doing the following:

- o Promptly signing and returning any forms requiring my signature;
- o Stressing appropriate dress/behavior for CC placements and adherence to CC policy;
- o Explaining the importance of teamwork and participation on their placement and encouraging my son/daughter/minor dependent to ask questions, and participate during their CC placement;
- o Abiding by all Shadow Program policies and procedures.

Signature of Parent/Guardian

Date

____ **I am 18 or older and able to sign for myself**

Signature

Date

Please contact Nedra Starling if you have questions - 216.297.8304 or starlin@ccf.org