

Return to:
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 The Cleveland Clinic
 Office of Civic Education Initiatives
 1950 Richmond Road TR307
 Lyndhurst, OH 44124



**Cleveland Clinic
 Office of Civic Education Initiatives
 Career Experience & Shadowing Program Registration**

Welcome to the Cleveland Clinic (CC) Office of Civic Education Initiatives (OCEI) Career Experience (Shadowing) Program (CESP). The goals of the program include: to provide individually structured learning experiences at CC for students interested in the health care field as a potential career choice. Please complete all of the sections of this form in order to properly register for the various activities that are scheduled for you during your CC experience. Please print all information except where a signature is requested. Registration forms may not be faxed. Please mail completed registration to the address above. If you have any questions you may contact Nedra Starling at 216.297.8304 or starlin@ccf.org
 Thank you.

Student & School Information

Today's Date ___/___/___

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

Level of Computer Literacy (Circle One)	Excellent	Good	Fair	Poor
My Time Management Skills Are (Circle One)	Excellent	Good	Fair	Poor
College(s) of interest				
Work experience				
Volunteer experience				

Parent/Guardian Information for Emergency Use

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

Medical Consent Information

PART 1: I hereby authorize the 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 the 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 CESP Program.

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

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

Part IV: My health insurer is _____ Policy # _____

Primary Physician's Name _____

Their telephone number is _____

This program is designed to provide a meaningful and practical educational and career exposure experience for the student. 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 radiological procedures, which may include exposure to x-rays, nuclear medicine technology and other forms of radiation;
- Observation, handling of and potential exposure to laboratory testing equipment and materials (such exposure may include bodily tissues and fluids such as blood, and microorganisms such as bacteria and fungi);
- Observation and potential exposure to bioengineering equipment, electrical charges, and lasers;
- Observation of medical and surgical procedures;
- Access to and possible interaction with patients being treated by health professionals they will be assigned to during the shadow program activities
- Performance of tasks and participation in hands-on experiences permitted through on-site training by a CC employee and determined skill level of individual student as assessed by the CC mentor

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 with 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 the Cleveland Clinic under the direct supervision of a CC employee in their assigned location. The student will 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. 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 for the student, they must be able to make their own transportation arrangements; parking passes may be purchased for a nominal fee from our parking office when they have their ID badge made if the assigned location is main campus
- 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 if the student chooses to bring lunch from home (satellite offices and family health centers often have additional choices in their surrounding areas)
- 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. Absolutely no revealing, form fitting or see-through clothing, T-shirts, (except as part of an approved uniform top), sweat suits, jogging suits, tank tops, shorts, jeans, denim of any color, leggings, capri style pants, overalls, sandals or shoes without backs, flip-flops, shoes worn without socks or hosiery, fishnet or patterned hosiery, and midriff shirts will be allowed; no pagers, walkman's, MP3 players, CD/DVD players, headphones, electronic games & players, or other electronic devices will be allowed; Cellular phones must be turned off and stored in your purse or backpack while on CC property; **(Please see and read attached Personal Appearance Policy)**
- Prior to participation in this program each student shall submit to their home school evidence of good health and provide certification that they have been immunized against common communicable diseases; a copy of the up-to-date immunization record shall be submitted to CC with CESP participation request;
- Prior to the start of the summer program, each student selected for participation may be required to complete a physical exam provided by Cleveland Clinic, which could include a TB skin test, a drug screen and Cotinine testing for tobacco use – you will be advised which ones you require;
- 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 Instructional Designer (program coordinator) 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 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**
- 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.

Once the career experience program placement is complete, the student must do the following

- Return the ID badge to the ID Badge Control Office;
- Submit a written report about their experiences to the Office of Civic Education Initiatives along with documentation of completed hours signed by their CC mentor;
- Make up any missed classroom work or assignments upon the request of their teachers.

Student Signature of Agreement for Participation

I acknowledge that I have been provided with adequate information about the purpose and content of this program and my responsibilities related to successful participation in the CESP program. I have reviewed the terms provided herein and in consideration of my participation in the CESP 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 CESP Program. These activities may include, but not be limited to, research assignments, tours, field trips, special sponsored events, shadowing experiences, patient interaction with patients being treated by health professionals they will be assigned to during the shadow program activities. activities, on-site procedural, surgical and laboratory participation & observations, handling of and potential exposure to laboratory testing equipment and materials (such exposure may include bodily fluids such as blood, and microorganisms such as bacteria and fungi); observation and potential exposure to bioengineering equipment, electrical charges, and lasers and mentoring activities. (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 may take place at our main campus (9500 Euclid Ave, Cleveland, OH) as well as other Cleveland Clinic facilities and may involve transportation to and from these other sites.

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 the Cleveland Clinic, the Office of Civic Education Initiatives Office, 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.

Further, it is understood that the education partnership relationship that your home School, School Board and School District has with the 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 shadow program, the Office of Civic Education Initiatives, 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 shadow program and/or the Office of Civic Education Initiatives, 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:

- Promptly signing and returning any forms requiring my signature;
- Stressing appropriate dress/behavior for CC placements and adherence to CC policy;
- 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;
- Abiding by all Shadow Program policies and procedures.

Signature of Parent/Guardian

Date

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