



2019 Summer Health Careers Camp Participant / Parent Information

We look forward to welcoming your child to this year's Summer Health Careers Camp! Five days have been designed to educate and encourage campers about the possibility of pursuing and understanding the values of healthcare careers and service. The camp will be filled with educational and fun activities and gives campers the opportunity to make new friends and explore many options as they continue in their high school education. For campers to participate fully and get the most out of their experience, you will find information and expectations listed below.

In order for your student to be fully registered you must complete and return all the following sections of this document and other documentation. Use the checklist below for required signatures and needed info:

- Camper Code of Ethics
- Media Release/Consent
- Health History
- Medical Release & Liability Waiver
- Medical Consent to Treat
- Health Career Camp Behavior Contract
- Confidentiality Agreement
- Immunization Records (must be current)
- Proof of Insurance (copy all cards and relevant insurance)

Feel free to contact SWCAHEC staff at any time if you have questions or concerns. Thank you for trusting us with your child!

HOUSING AND MEALS

Participants will be staying in Bader Hall at Fort Lewis College. The bedrooms are 4-bed, 2-bedroom suites and 4 students of the same gender will be assigned to each room and shared bathroom. The participants will receive their room assignments upon arrival along with their room key. **PLEASE** remind your child to take care of their room key. *Any student that loses or misplaces their room key will be charged \$50.00 for its replacement. Students will return their keys upon leaving the residence hall. If room keys are not returned, parents/guardians will be charged \$50.00.*

Breakfast: Monday through Friday

All breakfasts will be served on campus in the dining hall. Campers will eat breakfast with the other participants along with the camp counselors. Attendance to breakfast is mandatory and all participants are required to be on time. *Please be sure to notify SWCAHEC staff at check-in if your camper has dietary restrictions.

Lunch: Monday through Friday

Lunches on Tuesday and Friday will be served on campus in the dining hall. The same rules apply for lunch as they do for breakfast. On Monday, Wednesday and Thursday, students will have sack lunches.

Dinner: Sunday through Thursday

Dinner will be served on the campus in the dining hall. The same rules apply as breakfast and lunch.

ADDITIONAL INFORMATION RELATED TO LODGING AT FLC

1. **Keys:** Only **one** key will be issued to each participant for their room and an ID card for access to the residence and dining halls. *If a participant loses his/her keys or does not return his/her keys, he/she will be charged \$50.00 to replace the keys and the locks.* If a participant is locked out of his/her room, they must seek the help of a counselor to let them back in. It is strongly suggested that students **NOT LEND THEIR KEYS TO ANYONE!**
2. **Loss of Personal Property:** Although Southwestern Colorado AHEC and Fort Lewis College exercise reasonable effort in protecting participant property, they will assume **NO** responsibility for the theft of, destruction of, or loss of money or personal property. There will be a “Lost and Found” set up area in the dorm for the participants, but it does not guarantee that they will get back their lost items. Participants should exercise every precaution in assuring the safety of their own property. Here are some suggestions for the **protection** of your property:
 - a. Lock your room when you are out (even for a few minutes)
 - b. Report to the counselors and main office, any items that are stolen or missing immediately.
 - c. Do not bring valuable electronic equipment to the camp.
3. **Cleaning:** For the respect of roommates, participants are expected to keep their room reasonably clean so that both participants in the room can feel comfortable. When checking out of the rooms at the end of camp, participants must take out the trash as well as leave the room as they found it on the first day. All participants will be required to check out and turn in their keys Friday, June 14th by 3:00pm and should be out of the resident hall no later than that time. *Campers shall be charged an additional lodging charge of \$40 if not checked out by designated checkout time. The cost of any damages to the rooms will be passed through to the parents/guardians of the camper who was in the damaged room.*
4. **Bed Linens and Towels:** Will be provided, including pillow, blanket, sheets, and a towel. **You may want to bring your own pillow, extra towels, and a blanket.**
5. **Building Lockup:** You are responsible for securing your dorm room while you are in it and when you leave. Campus police are on duty 24 hours a day and can be contacted at 970-247-7491. For emergencies, you should call 911.
6. **Residence Hall Hours:** All participants are required to be in the residence hall by 9 pm. Lights should be out by 10 pm. *If anyone is out after the “lights out” without a counselor, the participant will be subject to immediate expulsion from the program.* If expulsion does occur, it will be the personal responsibility of the parent/guardian to see that his/her child is picked up and transported home. Participants will only be released to the parent/guardian. Remember, camper safety is our responsibility. In addition, participants are **not** to go off campus, unless part of a chaperoned activity. The **ONLY** way a camper is allowed off campus is with a member of the camp staff or a parent/guardian. *Campers who leave campus without either of the above, will be immediately expelled from the camp, and parents will be notified to transport the camper home.*
7. **Transportation:** Transportation to and from the campus will take place on Monday for rafting with Flexible Flyers Rafting buses, and on Wednesday and Thursday, transportation will be provided by the 9-R school district busses and camp volunteers. Parents/guardians will be responsible for transportation to and from the camp start and end dates. **Please be sure to pick up your camper at Jones Hall Rm 156, Fort Lewis College no later than 3:00 pm. You are invited to arrive at 12:45PM to attend the parent session regarding Health Career Pathways as well as**

discover what your child learned through Camper Presentations from 12:45-3:00pm. JONES HALL, ROOM 140. Final check out is from 3:00-3:30pm.

8. **Telephones:** Participants will not have access to landline phones in their dorm rooms. Cell phones are strongly discouraged during the camp. Counselors have been instructed to hold ALL cell phones for safekeeping during the day. Cell phones will be handed out after official activities have ended for the day and collected again before breakfast. There are NO exceptions to this! If the participant needs a phone for any reason during the day, they may ask to use their counselor's phone or talk with the Executive Director. Camp staff will always have their personal phones for group communication and emergency purposes. You will receive these numbers on the first day of the camp. **Should a parent/guardian need to contact their camper, please call or text 970-946-4380 or 720-219-9504.**

PARTICIPANT CODE OF CONDUCT

The Health Careers Camp has been designed to be an exciting, fun learning experience! Participants will be learning about health careers by participating in hands-on activities, interactions with local health professionals, as well as going out into the community and experiencing first-hand through shadowing activities. All campers will participate in a HIPAA training session and campers and parents will be required to sign an agreement indicating they understand and will follow relevant HIPAA laws. Campers are expected to act in a professional manner when representing the Health Careers Camp in the community.

P.R.I.D.E. Campers will have the opportunity to show pride throughout the camp in each of the following ways.

Professionalism – We will be in professional environments and should match our attitudes and clothing to those environments. All campers will be provided a set of scrubs (donated by Mercy Regional Medical Center) that must be worn to the healthcare sites on Shadow Day. Scrubs **must** be worn during the entire shadow experience. Students will have the opportunity to change into regular clothes once back on campus. Please display good manners.

Respect – As is true in the working world, it is imperative that we treat our hosts and each other with respect. This includes paying attention to our speakers without side conversations and by asking appropriate questions. Language should be appropriate and respectful of others. No offensive language.

Integrity – Confidentiality is a key component to the success of this camp. You may not identify any patients by name; you may not discuss any specific details about patients to anyone. You may not post photos of shadow sites to social media. You will be required to attend the HIPAA training and sign the confidentiality form. (HIPAA laws).

Dedication – Campers will be required to participate in all activities and maintain a positive attitude about involvement in the camp. Continued non-compliance will be cause for sending campers home; in this case, parents will be called before the participant is released. Come armed with lots of questions and be ready to learn some cool stuff!

Excellence – Campers are expected to give their best effort. The best way to ensure having a good experience is to approach the camp with a go-for-it attitude.

ADDITIONAL RULES AND REGULATIONS ~

1. Students are to remain on campus and/or with their small group during the program unless special arrangements are made in advance with the camp director.
2. We encourage you to play sports OUTSIDE of the buildings.
3. Do not remove any window screens. A missing or torn screen will result in a \$50 charge.
4. Guests are asked to remove the trash from their room upon departure. Dumpsters are located near all housing facilities for your convenience.
5. Lodging rooms will be checked upon departure for damages, missing items, or lost and found.
6. Please treat the furniture in ALL buildings with respect. Individuals and groups will be billed for damages to campus furniture or furniture that has been moved.
7. Please do not climb the walls on the outside of buildings and structures.
8. Please do not chalk the sidewalks or use glitter anywhere on campus.
9. Do not play with the sprinklers. They are set and tampering with them may cause damage to the sprinkler.
10. ****No alcohol, smoking, or drugs will be tolerated. Campers may NOT possess fireworks, firearms or other weapons during camp. Any camper caught using alcohol, cigarettes, marijuana, or other drugs or weapons will be expelled from the camp and sent home immediately.****
11. Campers should not approach, harass or disturb wildlife; they may receive a ticket for doing so as it is against Colorado State law.
12. The trails and natural areas around campus are for everyone to enjoy. Please do not shortcut trails or disturb rocks and trees. Leave no trace.
13. Be mindful that other groups are also staying on campus and you need to respect them as well.
14. Each camper will be assigned a room and roommates of the same gender. Students are NOT allowed to trade rooms or roommates during camp (this is a rule of Fort Lewis College, in the unlikely event of an emergency). The purpose of being assigned roommates is to allow campers the opportunity to get to know other students from outside their schools.
15. Campers in the Health Careers Camp are expected to be present for its entire duration and participate in all parts of the planned program. Students are not allowed to leave the campus or the program area (by foot or personal vehicle) at any time without express permission from the camp director. *Please inform camp leaders immediately if you are not feeling well.

Classes and meetings for other groups are in session during the day, so please be quiet when walking through and near buildings. Campus quiet hours begin at 10pm.

WHAT TO BRING

1. Comfortable Clothing and shoes; closed-toe shoes are required to shadow at healthcare facilities.
2. Extra blanket, towel, pillow (optional)
3. Items for personal hygiene (comb, brush, toothpaste, toothbrush, shampoo, conditioner, deodorant, ***sunscreen****, personal medications, etc.)
4. Alarm clock
5. Tennis shoes

6. Outdoor activity gear, including hat, rain gear, sunscreen
7. Pajamas (please wear respectable pajamas – t-shirt and shorts/pants)
8. Fan for use in dorm room (optional)
9. Snacks (optional).

LEAVE AT HOME

Electronic devices, cars, stereos, boom boxes, personal TVs, expensive jewelry, and anything of personal value to you.

MONEY

The Fort Lewis College bookstore may be open and bringing extra money to purchase something from the bookstore may be of interest. There is also a café outside of the dining hall that may also be open to the campers, with limited hours, but the camp does not cover the costs. Bringing extra cash to buy something at the café also might be of interest.

CAMPER CODE OF CONDUCT AND RULES AND REGULATIONS

I have read the Camper Code of Conduct and Rules and Regulations above and I understand and agree to abide by the rules and regulations stated above. In order to participate in the Shadow Experiences, I agree to attend the HIPAA training during camp.

Printed Name of Camper

Camper Signature

Parent/Guardian Signature

Date

PARENT/GUARDIAN STATEMENT: *I give my permission for my son/daughter to participate in all activities of the Health Careers Camp. I understand I will not hold the Southwestern Colorado AHEC Program, the Colorado AHEC Program Office or Fort Lewis College responsible for any accidents that may occur while my son/daughter is participating in the program or at the shadow sites during the Camp. I certify that I have read and fully understand the context of this statement.*

Printed Name of Parent/Guardian

Parent/Guardian Signature

DATE

MEDIA RELEASE

This is to certify that I give permission to Southwestern Colorado Area Health Education Center (SWCAHEC), the University of Colorado Anschutz Medical Campus, or the Colorado Area Health Education (AHEC) Center Program to photograph and / or videotape my child in regards to the Health Careers Camp activities and to use photographs and video clips in promotional materials.

I understand that all rights, title and interest in the photography or video, website use (including www.swcahec.org), press releases and newsletter articles belong to Southwestern Colorado AHEC, the University of Colorado Anschutz Medical Campus, or the Colorado AHEC Program and that I will receive no financial compensation for the use of these pictures or video images. I further understand that the above may edit, copy, alter or revise the photographs or video clips for use on the Southwestern Colorado AHEC and Colorado AHEC Program websites, press releases and newsletter articles and that the above agency will retain control over the use and distribution of the photographs or video clips.

I have read this form and I understand its meaning.

Parent/Guardian Printed Name

Parent/Guardian Signature

DATE

HEALTH HISTORY

Do you have any physical, behavioral/mental, or oral health concerns or disabilities? If yes, please list (such as ADHD, Depression, Anxiety, personality disorders, other mental health diagnoses, diabetes, asthma, allergies, gastro-intestinal disorders, frequent headaches, autoimmune disorders, etc.):

(Please also include any accommodations, dietary needs, etc.)

Do you currently receive counseling services? YES or NO

PAST MEDICAL HISTORY: Check conditions that doctors have followed you for in the past:

- High blood pressure/hypertension
- Thyroid Problems
- Heart Failure
- Seizures/Epilepsy
- High Cholesterol
- Kidney Disease
- Heart Murmur
- Stomach Problems
- Psychiatric Illness
- Liver Disease
- Diabetes (“sugar”)
- Heart Attack/By-pass Surgery
- Mitral Valve Prolapse
- Intestinal Problems
- Arthritis
- Stroke
- Reflux Disease
- Abnormal PAP
- Glaucoma
- Cancer: Type & Location _____
- Other: _____

- | | | |
|---|------------------------------|-----------------------------|
| Have you ever had: Positive Tuberculosis Test | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rheumatic Fever | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Blood Transfusion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

List any hospitalizations or surgeries you have had: _____

List any allergies (seasonal or medication):

List any dietary restrictions or food allergies:

Are you allergic to latex? Yes No

List **all** current medications (including over the counter medications, vitamins, herbal, and health food preparations); please circle the names of medications, which will be needed at camp.

FAMILY HISTORY: Has anyone in your family had any of the following? (Check appropriate box)

	Mother	Father	Maternal Grandparent	Paternal Grandparent	Brother/Sister	Other
High Blood Pressure/Hypertension						
Heart Attack/Heart Surgery						
Diabetes						
Stroke						
Cancer (Type & Location)						
Osteoporosis						
Thyroid Problems						
Mental Illness						
Glaucoma						

CHECK ALL THAT APPLY TO YOU:

___ No Problems

General:

___ Fever
___ Sweats

Respiratory:

___ Cough
___ Shortness of breath
___ Wheezing
___ Shortness of breath with exertion

Ears/Nose/Throat:

___ Ear pain
___ Runny nose
___ Sneezing
___ Post nasal drip swelling

Mental Health:

- Insomnia
- Depression
- Guilt
- Anxiety
- Suicidal thoughts

Genitourinary:

- Urinary frequency
- Burning with urination
- Blood in urine
- Problems urinating
- Awaken at night to urinate

Skin:

- Rash
- Changing Mole
- Itching
- Slow healing wounds

Cardiovascular:

- Chest pain/pressure
- Ankle swelling
- Palpitations

Endocrine System:

- Excessive urination
- Excessive thirst
- Fatigue
- Heat intolerance
- Cold intolerance

Allergy:

- Seasonal symptoms
- Sneezing
- Itchy eyes
- Runny nose
- Nasal congestion
- Post nasal drip

Eyes:

- Blurred vision
- Changing vision

GI System:

- Nausea
- Vomiting
- Constipation
- Abdominal pain
- Diarrhea
- Blood in stool

Hematologic System:

- Easy bruising
- Easy bleeding
- Hard to stop bleeding

Musculoskeletal:

- Joint swelling
- Joint pains
- Muscle pains

Nutrition:

- On a special diet
- Weight gain or loss greater than 10 pounds

Neurologic System:

- Numbness
- Tingling
- Headaches
- Weakness

The above information is filled out honestly, and to the best of my knowledge.

Printed Name of Camper

Camper Signature

Parent/Guardian Signature

MEDICAL RELEASE AND LIABILITY WAIVER

On this _____ day of _____, 20____, intending to be legally bound hereby, the undersigned agrees to hold harmless and indemnify Southwestern Colorado Area Health Education Center (SWCAHEC), Fort Lewis College (FLC), and any of its employees or agents representing or related to SWCAHEC or FLC from any and all liability that occur during Health Careers Camp, June 9-14, 2019. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for this event. The undersigned further agrees to abide by all the rules and regulations promulgated by SWCAHEC, FLC, and/or its affiliate groups and vendors throughout the four days of Health Careers Camp.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Insurance Provider: _____ Phone #: _____

Policy Holder's Name _____

*Health Insurance is required in order to participate in camp.

MEDICAL CONSENT TO TREAT:

I, the undersigned, request that in my absence the participant named on this form above be admitted to any hospital or medical facility for diagnosis and/or treatment if a SWCAHEC staff member and/or SWCAHEC chaperone(s) deem this necessary. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment needed for the health of the above named participant. The SWCAHEC staff and/or designated chaperone(s) for SWCAHEC are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of this camper. I will not hold SWCAHEC financially responsible for the emergency care and/or emergency transportation for this participant.

Printed Full Name of Parent/Legal Guardian: _____

Parent/Legal Guardian Signature: _____ Date: _____

Best Emergency contact Phone Number(s): _____

Please contact the Executive Director of SWCAHEC if your student has had any health changes and/or will need to carry any type of medication (including over the counter medications) during Health Careers Camp. **ALL Medication forms are required to be signed/approved by a physician with prescribing authority. For questions, contact 970-946-4380.

Should my child require medical attention, I give my permission to treat them accordingly.

Parent/Guardian Name

Parent/Guardian Signature

PROOF OF CURRENT IMMUNIZATIONS-we must have a copy of the Camper's current immunization records. **Health facilities may require TB testing. Your child may be required to complete this test. Please check with your child's healthcare provider or contact Heather Sorensen to discuss: heather.sorensen@swcahec.org

PROOF OF HEALTH INSURANCE - the Colorado AHEC Program and the Southwestern Colorado AHEC require that all campers be covered by medical insurance to participate in activities. Please include a copy of your health insurance card or other proof of insurance.

SUBMIT ALL COMPLETED & SIGNED APPLICATION MATERIALS:
Early registration must be completed by April 26th to receive a \$15.00 gift card
Final Deadline: May 17, 2019
Your student will not be considered a registrant without payment and all completed paper.

SEND ALL PAPERWORK TO:
Southwestern Colorado AHEC
Attn: Jeanette Abella
701 Camino del Rio, Suite 316
Durango, CO 81301
970-426-4284
jeanette.abella@swcahec.org

Health Careers Camp Behavior Contract

Note: Student campers should initial each blank. Parents and campers must sign below.

- _____ I will follow all directions given by the camp staff and/or sponsors.
- _____ I realize there will be times to laugh and have fun, and times to be quiet and serious.
- _____ I will stay with the group at all times.
- _____ I will ask questions and learn new things.
- _____ I will be respectful of the volunteer speakers and leaders who come to talk to us.
- _____ I will not sleep or “doze off” during any of the presentations or activities.
- _____ I realize that my behavior may impact the activities of the next year’s camp.
- _____ I know I can choose to not participate in any camp activity that I am not comfortable with (by talking with the staff).
- _____ I understand the importance of and will behave in a mature way.
- _____ I understand that the rules and policies are in place for my safety and comfort.
- _____ I understand that mature subjects and medically related anatomy may be discussed.
- _____ I understand that I will dress appropriately. No halter tops, short shorts, or clothing with vulgar writing/political themes.
- _____ I agree that I will not engage in inappropriate interpersonal behavior or displays of affection. I understand that there is no dating during camp.
- _____ I know I will be sent home at my parent or guardians’ expense and asked not to return for violating any camp policy or rule.

I, (print) _____, have read and understood the above rules and agree to abide by them. I understand that failure to abide by said rules may result in dismissal from the program.

Signature of Student Camper

Date

Signature of Parent/Guardian

Date



Southwestern Colorado AHEC Confidentiality Agreement

Dear Student:

As part of your shadow experience, you will be visiting and participating in learning and educational activities in healthcare facilities. As a student who is rotating in healthcare settings and office practices, you have an ethical and legal duty to keep patient information confidential. Federal Law, known as The Health Insurance Portability and Accountability Act of 1996 (HIPAA) demands strict standards of confidentiality from healthcare workers, as well as participants and visitors. You will be participating in a HIPAA training session as part of this program, in preparation for your job shadow experience. During this program, you might have access to certain data and information that is considered confidential, including, but not limited to information about patients or business practices.

You are therefore asked to sign the confidentiality agreement below:

I agree that any and all data and information that I may receive or otherwise discover while observing is considered "Confidential Information". I agree that I will not disclose or discuss any Confidential Information while I am a participant in the program or at any time after my program is completed. I agree that I will keep such data and information confidential and will comply with all laws and regulations concerning the confidentiality of such records.

Participant Name: _____

Date: _____

Participant Signature:

Parent Signature (if participant is under 18 years of age):

Date: _____

Flexible Flyers Rafting
(970) 247-4628
Liability Waiver – Acknowledgement of Risk

I understand and acknowledge that river rafting does bear certain known risks and unanticipated risks which could result in injury, death, illness (physical or mental) or damage to myself, to my family, to my property, or to other third parties. The following describes some, but not all, of the risks involved: change in weather, falling into the water, falling on shore, hypothermia, rocks, logs or man-made obstacles, guide error, actions of other participants and mishaps during travel to and from the launching area.

Being aware that this activity entails known and unanticipated risks of injury to myself or others and damage to my personal property, as a result of my actions, I expressly agree and promise to accept and assume all responsibility and risk for injury, death, illness, or damage to myself, to others, or to personal property arising from my participation in this activity. My participation is purely voluntary and I am participating knowing, accepting and in spite of, these risks.

I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify Flexible Flyers Rafting, its agents or employees, or any other person involved in the activity from any and all liability, claims, demands, or actions, which are related to, arise out of, or are in any way connected with my participation in this activity, including negligent acts of Flexible Flyers Rafting, its agents or employees and all other persons, for any and all injury, death, illness or damage to myself, my family members including all minor children, or my property.

Should it become necessary to incur attorney fees and costs to enforce this agreement, or any portion thereof, I agree to pay Flexible Flyers Rafting reasonable costs and attorney fees thereby expended, or for which liability is incurred.

In signing this document, I fully recognize that if anyone is hurt or property damaged while I am engaged in this event, I will have no right to make a claim or file a lawsuit against Flexible Flyers Rafting, or its officers, agents, or employees, even if they or any of them caused the bodily injury or damage.

My signature below indicates that I have read this entire document, understand it completely and agree to be bound by its terms.

Signed _____ Print Name _____

Address _____

Phone _____ Date _____

Launch Time: June 10, 2019, 9:00am-1:30pm as part of SWCAHEC Health Career Camp