Explore Healthcare 2015
June 9-11, 2015
Saint Anthony College of Nursing, Guilford Square
698 Featherstone Road
9 a.m. - 3 p.m.

This program will introduce middle school age students going into 6th, 7th and 8th grades in the Fall to many areas of healthcare with hands-on experiences.

Some of the healthcare areas presented:

<table>
<thead>
<tr>
<th>Laboratory</th>
<th>Forensics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>Dietary Services</td>
</tr>
<tr>
<td>Radiology</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Respiratory Therapy</td>
<td>Physical Therapy</td>
</tr>
</tbody>
</table>

In addition, students will be taught basic first aid and will have an opportunity to climb inside of a Lifeline ambulance and helicopter, if available.

We wish to encourage students to think about careers in healthcare and start preparing for their future. $75 fee includes activities, t-shirt, lunch and snacks.

Early registration is required, as the first 50 students with the $75 application fee will be accepted. Make checks payable to Saint Anthony College of Nursing. All materials must be returned no later than June 1, 2015 to:

Saint Anthony College of Nursing—Summer Camp
5658 E. State St.
Rockford, IL 61108-2468
Explore Healthcare 2015 (please print)

Name of Participant____________________________________________
Address_______________________________________________________
City _____________________ State _________ Zip _________________
Home Telephone _______________________________________________

Date of Birth _________________ Grade in Fall 2015 _______________
School for Fall 2015 ___________________________________________
How did you hear about the event? _______________________________
Did you attend last year? _______________________________________

Food Allergies ________________________________________________

T-shirt size: [all sizes are adult]
[ ] Small       [ ] Medium       [ ] Large       [ ] XL

Parent/Guardian Name _________________________________________
Work phone ___________ cell ________________ home ___________

Emergency Information/Authorized Pick-up
Please list any adult (age 18+) we should contact if the parent/guardian cannot be reached
in the event of any emergency. This indicates anyone authorized to pick up your child in the
event that you are unable to do so. To ensure your children’s safety, they will not be
released to any individual not named on this form. Adults must present a photo ID at the
time of pick-up.
Name ________________________________ Phone #1______________
Phone #2 _______________ Relationship _________________________
Name ________________________________ Phone #1______________
Phone #2 _______________ Relationship _________________________
LIABILITY WAIVER AND GENERAL RELEASE

I, _______________________, forever release, indemnify and hold harmless Saint Anthony College of Nursing, OSF Healthcare System, a not for profit corporation, owner and operator of Saint Anthony Medical Center, OSF Saint Anthony Medical Center and each of their employees, representatives, agents, instructors, operators, heirs, successors and assigns (collectively, the “Released Parties”) from and against any and all liability for any and all past, present and future claims, causes of action, demands, rights, damages (both compensatory and punitive) of whatever kind or nature whatsoever (including but not limited to any and all claims based on personal tort, contract or any other theory of recovery) which I or anyone claiming through or under me, now has or which may hereafter accrue, on account of or in any way arising out of any and all known and unknown, foreseen and unforeseen personal injuries or other damages of whatever kind resulting from the participation of the Participant designated below in the Saint Anthony College of Nursing Explore Healthcare 2015, scheduled to occur on June 9th through June 11th, 2015.

I further acknowledge that this Liability Waiver and General Release inures to the benefit of the Released Parties and shall be in full force and binding upon me and my heirs, agents, representatives, executors, successors and assigns.

In the event that any court finds any provision of this document unenforceable, I expressly agree that all remaining provisions of this document will not be rendered void and will remain in full force and effect.

THIS IS A GENERAL RELEASE. READ CAREFULLY BEFORE SIGNING.

EXECUTED THIS _____ DAY OF _______________, 2015.

PARENT: _______________________________ PARTICIPANT: _______________________________

______________________________ ______________________________

Name: ______________________________ Name: ______________________________
Cholesterol / Glucose / Hematocrit / ABO blood type SCREENING
CONSENT AND RELEASE/REGISTRATION FORM

PLEASE PRINT
Name: 
LAST:  ______________  FIRST:     ____________________          MI:___

Sex:  Male  Female  Date of Birth ____/_____/____

Address: __________________________________________ Street  City  State  Zip

Certified laboratory professionals will be providing information for all participants and perform screening for some of the participants’ blood samples. Screening will only be performed on those participants with signed consent forms. Not all screening tests will be performed on each participant.

I hereby release OSF Saint Anthony Medical Center from any and all liability arising from or in any way connected with blood drawing for my cholesterol, glucose, ABO blood type, or hematocrit measurements or from the data derived therefrom. I understand that:

1. The data derived from these tests are to be considered preliminary only and do not constitute a diagnosis.

2. The responsibility for initiating a follow-up examination to confirm these lab results, and to obtain advice and treatment, is mine and not that of my physician or OSF Saint Anthony Medical Center.

Parent or legal guardian PLEASE SIGN

Signature __________________________ Date _______________________

FOR LABORATORY USE ONLY

ABO blood type screening result is________________________
Hematocrit screening result is________________________ %
Cholesterol screening result is ________________ mg/dL
Glucose screening Result is ________________ mg/dL

DATE:
COL. TIME:
COL. BY:
VP CODE: CPO

S:\Outreach\Community Screens\elementary health camp.DOC
RELEASE FORM FOR NEWS MEDIA

(I) (We), the undersigned, hereby authorize you to furnish and release photographs, video tapes, and or written interviews taken upon the premises of OSF Saint Anthony Medical Center and Saint Anthony College of Nursing for the purpose of using said documents and information in newspapers, on television, on the radio, in videotapes or on the hospital’s Internet site.

(I) (We), understand that by authorizing this release of documents and information, that said documents and information may be published or broadcast to the general public.

(I) (We), the undersigned, hereby release OSF Saint Anthony Medical Center, Saint Anthony College of Nursing, Rockford, Illinois, the Board of Directors, the staff, the administrators, the employees and all other persons associated with it in any capacity whatsoever, together with any person or organization disseminating said documents and information subsequent to receipt thereof by them from OSF Saint Anthony Medical Center or Saint Anthony College of Nursing from all legal responsibility or liability that may arise from the acts (I) (We) have authorized above.

Printed Name _______________________________________________________

Signed_____________________________________________________________

Dated_____________________________________________________________