



## **Authorization for Observational & Educational Experience**

### **AUTHORIZATION**

Applicant requests and Parent authorizes attendance at the hospital indicated below for observational and educational experiences of applicant who is interested in pursuing a career in a health care related field. Such experiences shall be scheduled at: (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Norton Hospital                      | <input type="checkbox"/> Norton Children's Hospital |
| <input type="checkbox"/> Norton Audubon Hospital              | <input type="checkbox"/> Norton Brownsboro Hospital |
| <input type="checkbox"/> Norton Women's & Children's Hospital | <input type="checkbox"/> _____                      |

Applicant and Parent acknowledge that applicant is up-to-date on all required immunizations and vaccines; free from communicable disease, including diarrhea, respiratory infection, fever, rash or chickenpox; and has not been exposed to chickenpox within the last three (3) weeks. Further, applicant is required to wear a name badge or other form of identification, if provided by Norton, that indicates my first name and my status as a job shadowing applicant.

### **RELEASE**

Applicant and Parent expressly release Norton Healthcare and the hospital(s) checked above, their employees and agents, from any and all liability for all claims and demands for any injury arising from the applicant's attendance and participation in the observational and educational experiences contemplated herein.

### **CONFIDENTIALITY**

Applicant agrees that he/she will not discuss, reveal, copy, or in any manner disclose or attempt to gain access to information about:

- the business and operations of Norton; nor
- physicians associated with Norton; nor
- any patient who is receiving or has received health care services through Norton.

Applicant understands that the information stated above is confidential, and that reading, discussing, or otherwise breaching confidentiality is strictly prohibited and grounds for immediate dismissal from the observational and educational experience. This obligation to maintain the confidentiality of business and patient information shall survive completion of the applicant's observational and educational experience.

Applicant and Parent understand that Norton may request that the applicant immediately withdraw from the observational and educational experience due to conduct or performance of the applicant that is not in accordance with Norton policies or procedures.

**Applicant understands this experience is HANDS OFF and they will not, for any reason, be allowed to touch the patient or provide care.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent/Legal Guardian  
(if under 18)

Date: \_\_\_\_\_

Date: \_\_\_\_\_