

Norton Healthcare High School Academy Program

Parent/guardian attestation form

AUTHORIZATION

Applicant requests and parent authorizes attendance at the hospital indicated below for employment and observational educational experiences of applicant who is interested in pursuing a career in a health care related field. (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Norton Audubon Hospital | <input type="checkbox"/> Norton Women's & Children's Hospital |
| <input type="checkbox"/> Norton Brownsboro Hospital | <input type="checkbox"/> Norton Medical Group |
| <input type="checkbox"/> Norton Hospital | <input type="checkbox"/> Trilogy Health Services |

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 Healthcare, that indicates first name and status as an employee.

COVID-19 Statement

At Norton Healthcare, we are committed to protecting our patients, staff, students and community. In an effort to limit the spread of coronavirus disease (COVID -19), we require all students/employees to take their temperature daily, complete the symptom tracker per Centers for Disease Control and Prevention (CDC) guidelines and wear a mask and the appropriate personal protective equipment (PPE) at all times while on the Norton Healthcare campus. If as a High School Academy Program participant you have any symptoms of COVID-19, you will be required to notify your coordinator, and we will work to reschedule your experience.

By signing below as a student, I attest to complete the required screening and temperature assessment and to comply with the PPE guidelines daily. I will communicate any appropriate notification to my coordinator. I will work to prevent the spread of COVID-19 and adhere to CDC guidelines.

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 program and educational experiences contemplated herein.

CONFIDENTIALITY

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

- The business and operations of Norton Healthcare; nor
- Physicians associated with Norton Healthcare; nor
- Any patient who is receiving or has received health care services through Norton Healthcare.

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

Signature of applicant

Signature of parent/legal guardian
(if under 18)

Date: _____

Date: _____