



8 a.m. to 4:30 p.m.
**Monday, June 5 &
Tuesday, June 6**

**King's Daughters
Health Education Center**
Lower level of the
Lexington Avenue Parking Garage

**Thank you for your interest in
King's Daughters Nursing Boot Camp!**

We've designed this program to give students an opportunity to experience the nursing profession firsthand! Participants will be able to explore various careers and specialties in nursing; learn about the educational paths to nursing; and gain awareness of the academic, personal, and technical skills required to be a nurse.

Participants will not provide patient care.

Nursing Boot Camp is open to current high school juniors and seniors, age 16 and older. Parent/guardian must provide written consent for participants under the age of 18.

At program outset, participants will be required to review/complete:

- HIPAA Privacy Training
- Dress Code/Personal Appearance Policy & Procedure
- Statement of Understanding and Compliance

To be considered for the program, please complete the application and submit it no later than 4 p.m. Saturday, May 27. We prefer applications be submitted by email.

For more information or questions, please contact:

Matthew Greathouse, BSN, MSN, RN

Phone: (606) 408-0107

Email: Matt.Greathouse@kdmc.kdhs.us

**KING'S
DAUGHTERS** 
KingsDaughtersHealth.com 





Application

Email your completed application no later than
4 p.m. Saturday, May 27 to Matt.Greathouse@kdmc.kdhs.us

First Name: _____ Initial: _____ Last Name: _____

Birthdate: _____ Your age as of May 27, 2023: _____

Street: _____

City: _____ State: _____ Zip: _____

Your Phone: _____ Your Email Address: _____

Driver's License Number: _____ State: _____

Emergency Contact Name: _____

Emergency Contact Phone Number(s): _____

COVID Vaccination Status: Fully Vaccinated Vaccinated w/Booster(s). Scan and send a copy of your vaccination card with your application. Unvaccinated: Scan and send a copy of your approved school exemption with this application.

Name of High School: _____ T-Shirt Size (XS-3X): _____

Which healthcare professions interest you? _____

What nursing areas interest you (e.g. critical care, maternity, surgical, ER, etc.): _____

My signature below indicates my agreement to the following:

- I will be on time and participate fully in the two-day experience.
- I will be responsible for my own transportation to/from Nursing Boot Camp.
- I will abide by all of the policies, rules and standards of King's Daughters while participating in Nursing Boot Camp.
- I understand I may be dismissed from the program at any time if my behavior is inappropriate, unsafe, or disruptive.
- I agree to complete HIPAA Privacy Training at the beginning of Nursing Boot Camp. I further agree to keep confidential any information that I may gain regarding any patient or patients with whom I come in contact during my Nursing Boot Camp experience.
- I understand that I may be exposed to sick people during the experience. I agree to comply with any and all instruction provided to me to protect my health, including, but not limited to, personal protective equipment, masking, and handwashing.

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Required for applicants under age 18)



Parent/Guardian Consent for Participation

*A completed parent/guardian consent form is required for
any applicant under the age of 18 as of May 27, 2023.*

Student's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____ Daytime Phone: _____

By signing below, I confirm and/or agree to the following:

- I am the parent or legal guardian of the above named student, who is under the age of 18.
- In signing this document, I am agreeing to allow the above named student to participate in the Nursing Boot Camp sponsored by King's Daughters Medical Center.
- I have reviewed and understand the requirements for participation in the program.
- I have discussed the requirements of the program with the student and will, to the best of my ability, ensure that the student fulfills the obligations as outlined.
- We understand that the Boot Camp is a two-day program that begins promptly at 8:30 a.m. each day. The student will be reliable and punctual to the Boot Camp.
- I understand that I am responsible for the student's transportation to and from the Boot Camp.
- I understand that the student may be dismissed from the program at any time if their behavior is inappropriate, unsafe or otherwise does not meet the standards set by King's Daughters.
- The student and I have discussed the importance of maintaining the confidentiality of any patient information the student may come to know as a result of the Boot Camp experience.
- I understand that the student may be exposed to sick people during the experience. To the best of my ability, I will ensure that the student complies with any and all instruction provided to them designed to protect their health, including, but not limited to personal protective equipment, masking, and handwashing.

Your signature, below, is consent for the above named minor to participate in King's Daughters Nursing Boot Camp.

Signature of Parent/Legal Guardian: _____ Date: _____