



**Hôpital Notre-Dame Hospital (Hearst)  
SUMMER CAMP  
FOR HEALTH PROFESSIONS  
APPLICATION FORM  
July 5<sup>th</sup> – 9<sup>th</sup>, 2010**

**Section One: General Information**

**Name of Student**

**Sex (Circle one)**

Last name, First name

Male Female

**Postal Box Number**

**Street Address**

**Apt.**

**Town / City**

**Province**

**Postal Code**

**Email Address**

**Phone Number**

**School Name**

**Contact Person at Your School**

**Contact Person's Phone Number**

Personal information on this form is collected under the authority of Hôpital Notre-Dame Hospital in order to determine eligibility and qualifications for the Summer Camp for Health Professions. Direct any questions about this collection to the Human Resources Coordinator, at Hôpital Notre-Dame Hospital, at 372-2938.

**Section Two: Determine Your Interest**

**Please indicate how interested you are in health occupations? (circle one)**

Not at all interested

Somewhat interested

Very interested

**Are you Familiar with occupations in the health-care Field?**

Not at all familiar

Somewhat familiar

Very familiar

# Section Three: Parent / Guardian Consent

Name of Parent / Guardian

Daytime Phone Number

Last Name, First Name

Email Address

Home Phone Number

Name of Alternate Emergency Contact

Relationship to Student

Emergency Contact Telephone Number

If your son/daughter has health or accessibility needs, please provide details including allergies

**NOTE: Camp staff will not administer medication to student. In the event of an anaphylactic shock, the student will administer his/her own prescribed medication. Staff will immediately contact the Emergency Department at Hôpital Notre-Dame Hospital. Parents will be notified of any occurrence.**

I give permission for my son's / daughter's picture to appear in the Summer Camp for Health Professions Promotional Material.

Signature of Parent or Guardian:

I hereby give permission to my son/daughter to attend the Summer Camp for Health Professions at Hôpital Notre-Dame Hospital.

Signature of Parent or Guardian:

**Please Note:** Parents are encouraged to contact Hôpital Notre-Dame Hospital to obtain further information about the Summer Camp for Health Professions.

#### COLLECTION OF INFORMATION

Authorization for the collection and maintenance of this information is the Freedom of Information and Protections of the Privacy Act. Users of this information are the Human Resources Office and the Summer Camp for health professions staff at Hôpital Notre-Dame Hospital. This form will be used as quick access to information in the case of emergencies and to ensure the safety and security of your child. Name, address, age and phone number may be given to the insurer in the event the student is involved in an accident or witnesses one. This information will be filed in the Human Resources Office at Hôpital Notre-Dame Hospital. The Contact person is Tina Désormiers, Human Resources Coordinator.



