



Student Application

Name: _____		Date of Birth: _____	
Address: _____			
City: _____		Zip Code: _____	Phone #: _____
Parent/Guardian (if a minor) - Name: _____			
Address: _____			
City: _____		Zip Code: _____	Phone #: _____

Emergency Contact Information:
Name: _____
Phones # (s): _____

Education Facility:		
Name: _____		
Address: _____		
City: _____	Zip Code: _____	Phone #: _____

Instructor Responsible for Student Placement:	
Name: _____	Phone #: _____

Education Experience Desired:

# of Hours/Days Required: _____/_____	Begin Date/End Date: _____/_____
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The student, parent/guardian (when required) and the education facility agree that the placement of this student is at the sole discretion of Eaton Rapids Medical Center. The student is required to follow all Eaton Rapids Medical Center policies, procedures and protocols. The student also agrees to sign and fully abide by Eaton Rapids Medical Center confidentially agreement. The student and parents/guardians also agree to permit Eaton Rapids Medical Center to conduct and administer applicable health tests, such as Tuberculosis (Tb) test, Rubella, and other as deemed necessary by the Employee Health Service. The student agrees that they will not report to Eaton Rapids Medical Center if they have any contagious condition and Eaton Rapids Medical Center has the right to remove the student if Eaton Rapids Medical Center believed any patient or employee may be threatened. The student agrees to follow all instructions from the Department Manager and/or the Department Managers designee regarding any of the student activities. The student, parents/guardian and educational facility agree to hold Eaton Rapids Medical Center harmless for any claims that may come from the student's placement.

Student Signature: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

Education Facility: _____ **Date:** _____

Department Manager: _____ **Date:** _____