# OTPT Job Shadow Program Registration Form

You must be at least a high school junior and 16 years of age to participate

**Name:** _____
Last First Middle

**Date of Birth:** _____ **Phone:** _____ _____ _____
MM/DD/YYYY Home # Cell # Other #

**Home Address** _____
Street City State Zip

**Gender:** ❒ **Male** ❒ **Female** _____ _____
Primary Language Secondary Language

**School Currently Attending:** _____

**Current Grade Level (check one):** ❒ **H.S. Junior** ❒ **H.S. Senior** ❒ **College** ❒ **Other**

**E-mail Address:**

**Emergency Contact Name/Number:** _____

Have you previously participated in the Cincinnati Children's Job Shadow Program? ☐ **Yes** ☐ **No**

## Health Review

Medical History _____

Allergies _____

Current Medications_____

Impairments/Special Needs _____

**Please read the following statements and check the box next to the statement if you agree.**

☐ I / my child's immunizations are up-to-date.

☐ I / my child will only participate in the Job Shadow Program if free from infectious disease on the day of the program.

During the shadowing experience, I give consent for:

1. Treatment deemed necessary by the following physicians:
   a. Doctor _____ Phone Number _____
   b. Dentist _____ Phone Number _____
2. Treatment of the minor observer, if the above physicians cannot be reached.

Parent/Guardian Name (**print**) _____

Parent/Guardian Contact #'s _____ _____ _____ _____
*(Home)* *(Work)* *(Cell)* *(Other)*

**I give permission** for my son/daughter, _____ to participate in a job shadowing experience at Cincinnati Children's Hospital Medical Center (CCHMC). I release CCHMC from all claims that may arise out of this observational experience. I understand this is an observational experience only and no patient care will be given by my son/daughter. My signature authorizes Cincinnati Children's Hospital Medical Center to act in an emergency, pending care, in case of illness/injury.

**Parent/Guardian Signature** (if minor) _____Date_____

**I,** _____ (student), agree to behave in a responsible and professional manner during my job shadowing experience at Cincinnati Children's Hospital Medical Center. I understand that I am an observer only and will not be permitted to render care of any kind.

**Student Signature**_____ Date_____

***Please remember to attach documentation proving that the observer has received a flu vaccine at least two weeks prior to the observation experience if the observation experience is between the months of October and March. A photo of the paper will be acceptable.***