



Dear Parent/Guardian:

Congratulations, your child has shown interest in pursuing a career in healthcare! Healthcare is a growing field of advancement with many job options.

Attached you will find registration forms for the 2024-2025 Memorial Hospital Medical Explorers Program. We encourage you to also view the informational booklet on the program located on the website. It includes details regarding the program along with requirements and expectations.

The Program is full of wonderful opportunities to help guide your child to a healthcare career that they will find fulfilling. During the program, they will have the chance to hear from successful professionals in a variety of fields, job shadow with several departments, participate in hands-on activities, and learn about educational paths to lead them to the career of their interest.

***We invite you to join us at the first meeting on
September 19, from 6:00-8:00pm in the Memorial Hospital Conference Room.***

During the event, registration paperwork will be completed, for this no-cost program, and informational stations providing details on career and education options related to healthcare will be available.

Important Dates to Note:

- All pre-registration forms are due by **September 1, 2024**. Explorers accepted into the program will be notified via email by September 5, 2024.
- The first meeting will be **September 19 from 6-8:00pm** at Memorial Hospital. ***We ask a parent/guardian of the Explorer to attend our first meeting***, as we will have additional paperwork that will need reviewed and signed. There will be educational stations by various departments, which will provide an introduction into healthcare career opportunities, educational paths, and financial assistance offered at Memorial. Things to note for the first meeting:
 - **WHAT TO BRING:**
 - **Vaccination Records** – These are required by Memorial Hospital as part of our Infection Control policies and procedures.
 - **BE PREPARED:**
 - Explorer ID **badge photos** will be taken.

If you have any questions regarding the Medical Explorers Program, please contact Mariah Bargman at 618-826-4581 ext. 1373 or mbargman@mhchester.com.

We look forward to meeting you and your young adult, and helping you both navigate the many career options and opportunities available in the healthcare field.



FOR YOUR PERSONAL USE

Application Materials and Forms Checkoff Sheet

Student Name: _____

REGISTRATION PACKET MATERIALS DUE BY SEPTEMBER 1

- Participant Application
- Program Guide Signature Form
- Boy Scout of America Form (New Members Only)

ADDITIONAL PAPERWORK TO BE FILLED OUT BY 1st MEETING (New Members Only)

Upon acceptance, the below documents will be emailed to you. Please bring them to the meeting date below.

Parents and all Explorers please attend: September 19, 2024, 6:00-8:00pm – Conference Room

- Social Media Release Form
- Informed Consent, Release Agreement, and Authorization Form (A)
- General Information/Health History (B, 2pgs)
- Immunization Records with Dates

If records cannot be provided, please sign the forms included in application packet:

- Declination Refusal Form for MMR
- Declination Refusal Form for Tetanus & Pertussis
- Declination Refusal Form for Hepatitis B
- Declination Refusal Form for Chickenpox/Varicella
- Declination Refusal Form for COVID-19

- Confidentiality Statement
- Compliance and Code of Conduct Form
- Dress Code Form

ADDITIONAL REQUIREMENTS FOR THE PROGRAM

- TB Gold Immunization** (Required prior to Job Shadowing. More information will be provided.)
- Flu Shot** (Will be provided at no charge to the student. Starting October 1, 2024.)

**Memorial Hospital Medical Explorers Program
2024-2025**



Participant Application

Name: _____ DOB: _____
Last First Middle Month/Day/Year

Preferred Name: _____ Gender: __ Male __ Female __ Other

School: _____ Grade: _____

Address: _____
Street City State Zip

Home Phone: _____ Mobile Phone: _____

Participant's Email (required, print clearly): _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Email (if you would like to be included in meeting updates and information regarding the program): _____

Emergency Contact Name/Relationship: _____

Emergency Contact Phone: _____

Shirt Size (If you do not already have a Medical Explorer polo):

- | | | | | | | |
|----------------|-------|--------|-------|--------|---------|---------|
| MEN'S | Small | Medium | Large | Xlarge | 2Xlarge | 3Xlarge |
| WOMEN'S | Small | Medium | Large | Xlarge | 2Xlarge | 3Xlarge |

What medical field are most interested in exploring?

Application must be turned in by: September 1, 2024

Submit your application:

1. Mail:
Attention: Community Relations/Marketing Coordinator
Memorial Hospital
1900 State Street
Chester, IL 62233

2. Email: mbargman@mhchester.com

**Memorial Hospital Medical Explorers Program
2024-2025**



Program Guide Signature Form

I, (parent/guardian/legally authorized representative) _____, herby
acknowledge that:

1. My child _____ has applied for the Medical Explorers Program.
2. I received, reviewed and understand the guidelines for the Medical Explorers Program in the booklet.
3. I agree to enforce the Guidelines and Rules of the Medical Explorers Program, if my child is accepted into the Medical Explorers Program.

Parent/Guardian/Legal Representative (sign)

Date

I, (Participant) _____, herby acknowledge that:

1. I received a copy of the Medical Explorers Program booklet.
2. I read and understand the contents of the Medical Explorers Program booklet.
3. I agree to abide by the Guidelines and Rules of the Medical Explorers Program, if I am accepted into the Medical Explorers Program.

Participant (sign)

Date