

III. INFORMATION TO BE COMPLETED BY SCHOOL COUNSELOR OR TEACHER

School Counselor/Teacher Name (print) _____ Title _____ Phone Number _____

I certify that the student applicant has a current overall grade average of _____ %. (Must be at least 80% or 3.0 GPA)

School Counselor/Teacher Signature _____

Date _____

IV. STUDENT AND PARENT SIGNATURES

I certify that the information contained in this completed application is accurate. I certify that I wrote the essay I am submitting with this application. I understand that falsification of any information on this application may result in my being disqualified from the application process and/or the St. Mary's Health Professions Academy. If I am selected for the Academy and choose to participate, I agree to abide by all Academy rules and guidelines and participate in all of the scheduled activities.

Student Signature _____

Date _____

I have read the application and certify that the information is accurate. I give my permission for my child to apply and participate in the St. Mary's Health Professions Academy. If my child is accepted and participates, I agree to support him/her throughout the program and will willingly respond as requested to the St. Mary's Health Professions Academy surveys regarding my child and his/her participation. I hereby agree that all participating entities will not be held responsible for any injury or accident that might occur through participation in the St. Mary's Health Professions Academy; in addition, any medical expenses incurred as a result of such injury or accident will be my personal responsibility.

Parent/Guardian Signature _____

Date _____

In case of medical emergency, staff must be able to contact a parent/guardian or other emergency contact authorized to approve medical treatment for the student. Please provide current, accurate information and assure that you and/or a back-up contact are always available while the student is participating in Academy activities.

Parent/Guardian Name (print) _____

Back-Up Contact Name (print) _____

Address _____

Relationship to Student _____

Home Phone _____

Cell Phone _____

Work Phone _____

Home Phone _____

Cell Phone _____

Work Phone _____

Please Return Application to:

Dr. Joey Trader, EdD, MSN, RN, CNE
Vice President Schools of Nursing and Health Professions
Director School of Nursing
St. Mary's Center for Education
2853 5th Avenue
Huntington, WV 25702
Office: 304-526-1416
Fax: 304-399-1981

For Questions and Concerns:

Paula Cremeans
Administrative Secretary
St. Mary's Center for Education
2900 First Avenue
Huntington, WV 25702
Office: 304-526-1426

Completed Application Must Be Returned by May 1, 2023

St. Mary's Health Professions Academy
Health Assessment Form



Instructions to Parent/Guardian: *Please fill out your child's medical form and include it with the other forms to be returned to the Academy.*

Student's Name: _____ DOB: _____

HEALTH ASSESSMENT:

<i>Complete each line</i>	Yes	No	Comments
Vision / Wears Corrective Lenses			
Hearing / Wears Hearing Aid			
Skin Disorder			
Special Nutritional Requirements			
Neurological Disorders (such as Epilepsy)			
Spinal Disorder			
Allergies (Medication, Food, Latex or Environmental)			
Digestive Disorder			
Muscular Disorder			
Asthma			
Heart Problems			
Tobacco Use			
Pregnant			

Chronic illness that may require medication or special accommodations? _____

If **yes**, please explain: _____

Parent Signature: _____ Date: _____



Consent to Photograph

Name: *(please print)*

Last

First

Middle

I hereby give consent to St. Mary's Medical Center to take moving and/or still photographs and/or sound/video recordings for any and all educational and/or marketing purposes that the hospital may deem proper of (check appropriate person):

- Son Daughter
 Other individual for whom I am authorized to provide consent

Made on (date pictures taken): May 25th and May 26th, 2023

Used for: St. Mary's Center for Education

I understand that these photographs and/or sound/video recordings will be used on behalf of St. Mary's Medical Center for the above stated purposes. I further relinquish all right, title and interest in said moving and/or still photographs and sound/video recordings.

I also state that I have signed this form **PRIOR** to the taking of any photographs and/or sound/video recordings.

Participant's Signature: _____ Date: _____

Parent's Signature: _____

St. Mary's Medical Center for Education
2853 5th Ave – Huntington, WV – 25702 (304) 526-1426