

**Reading Hospital School of Health Sciences**  
**Discover Nursing Summer Program Application**

Please Check off:

- High school junior
- High school senior

**Please Print**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Please answer the following question:

Why do you wish to participate?

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**Reading Hospital School of Health Sciences**

**Discover Nursing Summer Program Parental/Guardian Permission Form**

As parent/legal guardian I give \_\_\_\_\_ permission to participate in the Discover Nursing Summer Program offered by Reading Health System and Reading Hospital School of Health Sciences.

By signing below I state that I:

- Release Reading Health System or Reading Hospital School of Health Sciences from liability for any injury that may occur related to the participation in the above program.
- Understand that while all precautions will be taken to prevent exposure, due to the nature of the patient care activities of this program, blood and body fluid exposure may occur during this program.
- Give Reading Health System permission to do whatever lab testing is necessary in the event of an exposure to blood and/or body fluid exposure.

Signature of Legal Parent/Guardian \_\_\_\_\_

Printed Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

**Emergency Contact Information during the program:**

Person \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_