



Mary Lanning Healthcare High School Job Shadowing Request

High school students 16 years of age (preferably enrolled in dual credit courses) are invited to request a career exploration experience.

Name *(please print clearly)*: _____

Address: _____
City State Zip

Home Phone: _____ Email: _____

High School: _____ School Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Teacher's / Assistant Principal's Name: _____

Teacher's / Assistant Principal's Signature: _____

Shadowing Date and Time Requested: _____

MLH's Job Shadow Program is designed for career exploration in the area of greatest interest to the applicant.

Please select **one** area of interest: Nursing Cardiopulmonary Laboratory Radiology
 Pharmacy Physical Therapy Other: _____

Parental Consent:

I, _____ give my consent for _____
(Parent / Legal Guardian) *(Student)*

to participate in the Mary Lanning Healthcare (MLH) Job Shadow Program and release the hospital of any liability while my son / daughter is on hospital grounds. In addition, I verify that my son / daughter has the following current immunizations: measles, mumps and rubella (MMR); chicken pox (varicella) or history of the disease; Hepatitis B; and tetanus / diphtheria.

Note: MLH may require proof of vaccines if requested by Employee Health department.

Signature: _____ Date _____

Emergency Contact Number: _____

Student Statement: Please type or write clearly how the shadow experience will assist with future career planning and what goals you hope to attain from this experience.

Signature: _____ Date _____

Please return this form to: Carol Hamik, RN, BSN, MSN, CPN, CPST, LSSGB
Director of Nurse Recruitment and Clinical Outreach
Email: chamik@marylanning.org Phone: 402-460-5810