



Mary Lanning Healthcare College Job Shadow Request

Mary Lanning Healthcare will allow qualified college students the opportunity to job shadow our healthcare professionals. Students must be enrolled in a formal educational program and be in good academic standing. This is an unpaid observational experience for students. **Requests must be received a minimum of 3 weeks prior to the requested date.**

Name: _____ Request Date: _____

Address: _____
City State Zip

Home Phone: _____ E-mail: _____

College: _____ Major: _____

Advisor: _____

Area of Interest: _____

Number of college credits completed: _____ Cumulative GPA: _____

Parental Consent (required if student under 19 years of age):

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 _____

Confidentiality Statement: I, _____ pledge to observe appropriate rules of conduct and maintain confidentiality before, during, and after my shadowing experience at Mary Lanning Healthcare (MLH). As a student considering a career as a health care professional, I understand the importance of confidentiality and will uphold the standards within the profession. In addition, I release the hospital of any liability while I am on hospital grounds and I verify that I have the following up to date immunizations: measles, mumps and rubella (MMR); chicken pox (varicella) or history of the disease; Hepatitis B; tetanus / diphtheria; COVID vaccine or signed declination form.

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

Signature: _____ Date: _____

Emergency Contact Number(s): _____

Student Statement: Please type or write clearly how the shadow experience will assist with the 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