



GVMC Junior Healthcare Academy Student Participation Form

Completed forms must be received by Friday May 29, 2026, to secure your spot in the program.

GVMC Junior Health Care Academy 2026 Program Date:

June 25, 2026

8 AM to 4:30 PM Annex 1 Classroom

You may email forms to melissa.f.johnson@vandaliahealth.org or mail them to:

CAMC GVMC Education – Attn: Melissa Johnson
1320 Maple Ave
Roncevert, WV 24970

If your child is of age and plans to drive, please refer to the “student driver” section of the form.

I. STUDENT

Please type or print all responses legibly in ink

Last Name	First Name	Middle Initial	Nickname (if, applicable)
-----------	------------	----------------	---------------------------

T-Shirt Size: _____

Please identify with detail any medical conditions, allergies, and/or medications that we should be aware of for the wellbeing of your child while participating in Academy activities (e.g., such as latex or food allergies and whether you will provide an Epi-pen for the student, etc.):

In the event a child must bring medication to the Academy, the parent/guardian must notify the Academy, and the medication must be clearly labeled with the name of the child, dosage amount, and instructions and in its original container. Except in the event of emergency medical treatment authorized by the parent/guardian, administration of medication by the Academy requires the written order of a licensed physician and permission of the parent/guardian.



Greenbrier Valley
Medical Center

Vandalia Health

II. STUDENT DRIVER

Please type or print all responses legibly in ink

My child _____ (name of student driver) has permission to drive to and from the GVMC Junior Healthcare Academy.

Parent/Guardian Signature Date

Date

IV. STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENTS AND AGREEMENTS

STUDENT – ACCURACY OF INFORMATION AND ADHERENCE TO ACADEMY RULES AND GUIDELINES

I certify that the information contained in this completed form and my application are accurate. I understand that falsification of any information on this form or other application materials may result in my disqualification from the GVMC Junior Healthcare Academy. I agree to abide by all Academy rules and guidelines and to participate in all the scheduled activities. I understand that the Academy reserves the right to dismiss any participant for failing to follow Academy rules and guidelines and for any behavior that is harmful to the program or others.

Student Signature

Date

PARENT/GUARDIAN – ACCURACY OF INFORMATION, ADHERENCE TO ACADEMY RULES AND GUIDELINES, AND ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I certify that I am the adult parent/guardian of _____ (name of student) and the information contained in this completed form and in the application materials for my child is accurate. I understand that falsification of any information on this form or other application materials may result in the disqualification of my child from the GVMC Junior Healthcare Academy. By signing below, I give my permission for my child to participate in the GVMC Junior Healthcare Academy and acknowledge that my child is required to abide by all Academy rules and regulations in connection with their participation. I understand that the Academy reserves the right to dismiss any participant for failing to follow Academy rules and guidelines and for any behavior that is harmful to the Academy or others. I agree to support my child throughout the program and to timely respond to GVMC Junior Healthcare surveys regarding my child and their participation. **I understand that participation in the Academy involves certain inherent risks that cannot be eliminated, including the risk of serious bodily injury, illness, property loss, and other harm. In consideration of my child being permitted to participate in the Academy, I hereby personally assume all associated risks and responsibilities and agree that GVMC and all collaborating entities will not be held responsible for any bodily injury, illness, property loss, or other harm that might occur through participation in the GVMC Junior Healthcare Academy; in addition, any medical expenses incurred as a result of such bodily injury, illness, property loss, or**

other harm will be my sole personal responsibility. In exchange for my child participating in the Academy, on behalf of myself and my child and our personal representatives, executors, administrators, and assigns (the “Releasing Parties”), I hereby release, waive, and discharge CAMC GVMC and all collaborating agencies from any and all liability, loss, damages, claims, actions, costs, fees, and expenses of any kind whatsoever that directly or indirectly result from, or are in any way related to, my child participating in the Academy (collectively, the “Loss”). On behalf of the Releasing Parties, I further covenant not to sue the Released Parties for any Loss released hereunder.

Parent/Guardian Signature

Date

STUDENT and PARENT/GUARDIAN – PHOTOGRAPHS AND VIDEOS AUTHORIZATION

By signing below, I give my permission for videos and photographs to be taken of me/my child in conjunction with participation in the Academy (the “videos/photographs”) and to be used in publications, newspapers, television, websites or other visual media (collectively, the “media”) related to the GVMC Junior Healthcare Academy and all collaborating agencies. I relinquish all rights to the videos/photographs and agree that no compensation will be provided for such use by CAMC GVMC or the collaborating agencies. I understand that all such videotapes/photographs are the property of CAMC GVMC. I agree that the videotapes/photographs may be used for news, education and any other purposes related to the advancement of professional nursing and healthcare careers in West Virginia.

Student Signature

Date

Parent/Guardian Signature

Date

PARENT/GUARDIAN – EMERGENCY MEDICAL CARE AUTHORIZATION

In the event that my child sustains any injury or illness while participating in the Academy, I authorize licensed medical personnel to perform and/or administer for my child’s benefit on an emergency basis any first-aid or other medical treatment that such providers deem necessary. I further acknowledge and agree that I am personally responsible for any and all costs and expenses incurred as a result of such emergency medical care.

Parent/Guardian Signature

Date

In case of medical emergency, Academy 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 ensure that you and/or a back-up contact are always available while the student is participating in Academy activities.

Emergency Contact Information

Parent/Guardian Name (Print)

Back-Up Contact Name (Print)

Home Address

Relationship to Student

Home Phone Number

Home Phone Number

Cell Phone Number

Cell Phone Number

Work Phone Number

Work Phone Number

PARENT/GUARDIAN – IMMUNIZATION AUTHORIZATION

I acknowledge and give my permission for GVMC Employee Health to verify current vaccinations using the WV State Immunization Information System (e.g., as used by the public-school systems).

Parent/Guardian Signature

Date

Student Date of Birth

Completed Forms Must Be Returned by Friday May 30, 2026



**GVMC Junior Healthcare Academy Privacy Form
TOUR OR VISIT PARTICIPANT CONFIDENTIALITY AND SECURITY AGREEMENT**

Tour or Visit: Junior Healthcare Academy
Scheduled Date(s): June 25, 2026
Purpose: Healthcare Education
Tour or Visit Sponsor: Melissa F. Johnson – Nursing Education Specialist

As a participant in a tour or visit to CAMC GVMC, I understand that I may have incidental access to confidential information, including patient, financial or business information. I understand that the purpose of this Agreement is to help me understand my personal obligation regarding confidential information.

Confidential information, regardless of its form, is valuable and sensitive and is protected by law and by strict GVMC Vandalia Health policies. I understand that I have no need or right to have access to this information.

Accordingly, as a condition of and in consideration of my participation in the tour or visit, I promise the following:

- 1. I will not access or attempt to access any confidential information of CAMC GVMC.
- 2. I will not in any way divulge, copy, release, sell, loan, review, disclose (verbally or in writing), alter or destroy any confidential information of CAMC GVMC.
- 3. I will not utilize or access or attempt to utilize or access any CAMC GVMC technology system, database, or records.
- 4. I will not seek personal benefit from or permit others to benefit personally by any confidential information of CAMC GVMC that may become known to me.
- 5. I will not discuss or disclose to others any information regarding individual CAMC GVMC patients.
- 6. I agree to abide by all restrictions and rules imposed by the CAMC GVMC tour or visit organizers.
- 7. I understand that my failure to comply with this Agreement may result in action, which might include, but is not limited to, termination of the current tour or visit, a prohibition on future tours or visits, and legal action (including civil/criminal charges).

By signing this agreement, I acknowledge that I have read and understand the above terms and conditions and agree to be bound by them as a condition of my participation in the tour or visit.

Signature

Date

Printed Name

Completed Forms Must Be Returned by Friday May 30, 2026