



College of Health Sciences

2026 HELP Camp

Student Registration Packet Checklist

- Health Form
- Photo Release
- Interest Survey
- Code of Conduct
- IRMC Code of Conduct
- Waiver of Liability
- Lunch and T- Shirt Selection



HEALTH FORM

Name: _____
Last First Middle Initial

Address:

Number and Street

City

State

Zip Code

Date of Birth: _____ Age: _____ Sex: _____ Grade: _____

Parent/Guardian Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

If not available in an emergency, notify:

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____
4. _____ Phone: _____

Health History: (Check, giving approximate dates)

Allergies: _____

Current Medications:

Name	Dosage	Frequency	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Last Tetanus Shot: _____



Operation or Serious Injuries (and dates):

Chronic Recurring Illnesses or Injuries (and dates):

Medical Insurance Information

This section must be completed before the minor will be allowed to participate in activities.

Insurance Company: _____

Insurance Company Phone Number: _____

Policy Number: _____

Parent/Guardian Signature: _____

THIS SECTION IS TO BE COMPLETED ONLY FOR THOSE WHO DO NOT HAVE MEDICAL INSURANCE:

In the event there is no medical insurance, the Indiana University of Pennsylvania Foundation requires that parents/guardians agree to incur the cost of medical expenses of their child. If there is no medical insurance, please complete the section below:

I, _____, agree to be financially responsible for all medical costs incurred by my child, _____ at HELP Camp.

Parent/Guardian Signature: _____

A Note to Parents/Guardians without Medical Insurance: You MUST sign where indicated if you carry no medical insurance on the camper. Those without a signature will be returned, and registration will be held until a signature is obtained.

PARENT'S AUTHORIZATION

Liability Release: I, the undersigned, individually and as a parent/guardian of the camper named on the front of this form, a minor, ask that he/she be admitted to participate in the camp sponsored by the Indiana University of Pennsylvania. I do hereby agree to release, discharge and hold harmless Indiana University of Pennsylvania, Indiana University of Pennsylvania Foundation, their owners, agents and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the camp or in the course of activities held in connection with the camp.



This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities.

I give full permission to the camp to medically treat my child. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the camp medical personnel to administer medication. I also give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Parent/Guardian Signature: _____ Date: _____

A Note to Parents/Guardians: You MUST sign and date where indicated. Those without a signature will be returned, and registration will be held until a signature is obtained.



PHOTO RELEASE FORM

The undersigned agrees to give permission to Indiana University of Pennsylvania to use his/her photograph for the purpose of publicizing the University in either general University promotions, which could include the University website; publications which include the print admissions package, brochures, magazines, video, television, newspaper, newsletters, and/or publications that may act as fundraising ventures for University clubs/organizations. The photo will most likely not contain a caption identifying any individuals, although one may occasionally accompany the picture.

Signature of individual to be photographed

Date

Print name of individual to be photographed

Signature of parent/guardian if individual is under 18 years of age

Date



Name _____

School _____

Expected Graduation Year _____

Intended/Anticipated Major _____

Rank your preference for these areas of interest (1-10, with 1 meaning greatest preference):

- ___ Athletic Training
- ___ Emergency services/medicine
- ___ Exercise Science
- ___ Medicine (e.g., primary care physician)
- ___ Medical Imaging (e.g., sonography)
- ___ Medical Lab Sciences
- ___ Nursing
- ___ Nutrition/Dietetics
- ___ Pharmacology
- ___ Psychology/Mental Health
- ___ Respiratory therapy
- ___ Respiratory Therapy
- ___ Speech Language Pathology



CODE OF CONDUCT FOR PARTICIPANT

It is expected that all participants in any University or non-University sponsored program, activity, or service will conduct themselves in a polite, respectful manner and will adhere to all University rules as follows.

1. The possession or use of alcohol and other drugs, fireworks, guns and weapons are prohibited.
2. The use of skateboards is prohibited.
3. No violence, including sexual abuse or harassment, will be tolerated.
4. Hazing, bullying, and cyber bullying will not be tolerated.
5. All curfews, if applicable, will be followed.
6. Misuse or damage of University property is prohibited.
7. All minors will be accompanied by another minor at all times. This is the buddy system.
8. Participants in an overnight program are not permitted to be housed in the same room with an adult unless the person is the minor's parent or legal guardian.
9. Minor participants may only be housed with a participant of the same sex
10. No minor will be housed in a room alone.
11. Smoking is prohibited in all University buildings.
12. The inappropriate use of cameras, imaging, and digital devices is prohibited including use of such devices in showers, restrooms, or other areas where privacy is expected by participants.
13. Profanity is prohibited.
14. When crossing streets, only cross in the designated crosswalks.
15. Only use the building designated by your program supervisor or staff.
16. If you are hurt or injured, immediately report your injury to the program supervisor or staff.

Signature of Parent/Guardian of Minor Date

Signature of Participant Date

IRMC

Student Professional Conduct and Confidentiality Agreement

As you prepare for your health careers program experience at Indiana Regional Medical Center on June 10th and 11th, 2026, we want to ensure you have all the necessary information. During this afternoon program, which includes touring and shadowing, you will gain valuable insights into healthcare. To make the most of this opportunity in a safe and respectful environment, please adhere to the following guidelines.

Professional Conduct and Confidentiality: We ask that you follow all instructions given to you by Indiana Regional Medical Center staff. It's also crucial to understand that you may encounter private health information about patients. Indiana Regional Medical Center has a serious legal and ethical duty to protect this information, and as a participant, you share in this responsibility. You must keep any patient information you see or hear completely confidential, both during and after your experience. This includes not sharing if you saw a familiar person receiving care or discussing any patient's name. Please be aware that failure to comply with directions or this confidentiality agreement will result in removal from the program and prevent you from participating in future shadowing or career events at IRMC. Your participation is conditional upon your commitment to these guidelines.

Dress Code: Please dress comfortably but maintain a professional appearance. This means choosing clean and neat clothing. To ensure a safe and respectful environment, we ask that you avoid wearing shorts, torn jeans, or open-toe shoes. Additionally, please refrain from wearing shirts with graphic designs or controversial messages. Thank you for helping us maintain a professional atmosphere.

Assumption of Risk: By participating in this program, please understand that you assume all risks associated with your involvement. Indiana Regional Medical Center is not responsible for any accidents or illnesses that may occur during the tour or shadowing experience.

Student Name (Printed)

Student Signature

Date

School Name

Grade

***If Student is under the age of 18, permission by parent or legal guardian is required.**

Parent Name (Print)

Parent Signature

Emergency Contact Name

Relation to Student

Phone Number

HELP

Boxed Lunch and T Shirt Selection Form

Please use the link below to make your order selections :

[Lunch and T-Shirt Order Form](#)

or

