



Diagnosis Day

at Mercy Medical Center

March 13, 2010

8 a.m. - 4:00 p.m.

**times are subject to change*

Application Packet

- . Meet Doctors & Nurses**
- . Diagnose a Patient**
- . Scrub In**
- . Tour the E.R.**

Applications must be postmarked by Feb. 19

**† CATHOLIC HEALTH
INITIATIVES**

**Mercy Medical Center
*Nursing Workforce Grant***

Questions? Call Marcie 677-1570

Dear Douglas County High School Student,

Thank you for your interest in *Diagnosis Day 2010* at Mercy Medical Center. We're excited to learn that you are interested in exploring a career in health care!

At Mercy, we value the youth in our community and know that you are the future health care providers in Douglas County. We are committed to creating opportunities for you to experience as many health care careers as fully possible.

Operating Room Day 2006, Cardiac Day 2007 and Pediatric Trauma Day 2008 were such huge successes. This year we are pleased to offer *Diagnosis Day 2010*, a day filled with real and simulated experiences demonstrating the various medical events and stages a patient may encounter.

The **selection of twenty-four students** from various public and private high schools in Douglas County will be determined from your essay or video submitted along with your application packet. Students who are selected will receive notification prior to the event, along with more detailed explanations and "symptoms" of your patient. If selected, you will be asked to thoroughly review your packet of information prior to *Diagnosis Day 2010* so that you will be able to fully participate in determining your patient's diagnosis and treatment.

Students participating in *Diagnosis Day 2010* will be working with healthcare professionals in a variety of hospital departments and will therefore be expected to dress appropriately. A summary of Mercy's dress code policy will be included with the selection letter.

If you have any questions, please feel free to contact the Nursing Workforce Grant Staff at 677-1570.

Thank you,

Renee Coen
Nursing Workforce Grant Director
Mercy Medical Center

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Student Information

Student Name: _____ Male Female
(L a s t N a m e / F i r s t N a m e) (G e n d e r)

Scrub Top Size: Small Medium Large X-Large

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ School: _____ Grade/Year in School: _____

Cell Phone: _____ E-Mail: _____ GPA: _____

Instructor Reference: _____
(P r i n t N a m e) (S u b j e c t)

Parent/Guardian Information

_____ Printed Name of Parent/Guardian #1	_____ Printed Name of Parent/Guardian #2
_____ Address of Parent/Guardian	_____ Address of Parent/Guardian
_____ Mailing Address (If Different)	_____ Mailing Address (If Different)
_____ Daytime Phone <input type="checkbox"/> Home <input type="checkbox"/> Work	_____ Daytime Phone <input type="checkbox"/> Home <input type="checkbox"/> Work
_____ Evening Phone <input type="checkbox"/> Home <input type="checkbox"/> Work	_____ Evening Phone <input type="checkbox"/> Home <input type="checkbox"/> Work

Emergency Medical Information

Emergency Contact Relationship to Student Day Time Phone Number

I hereby give consent to treat _____ in the event of a medical emergency.
I understand that all efforts will be made to contact me immediately.

Signature of Parent/Guardian Date

Media Release

Occasionally we take photos or video footage during programs for use in our catalog and/or for other public media use.

I hereby authorize Mercy Medical Center (MMC) or persons working on behalf of MMC to photograph, video tape and/or audio record me and to use my name and these photographs, video tapes and/or audio recordings in commercial and/or non-commercial marketing materials, patient education materials, print publications, public relations, broadcast media, video productions and internet communications.

I wave all rights to compensation and claims that I may have or acquire against Mercy Medical Center for use of the information authorized by this document.

I authorize Mercy Medical Center (MMC) or persons working on behalf of MMC to use and display the essay and any project related materials I submit with my essay in any and all media for education or promotional purposes. I understand that I will not be paid or rewarded for providing this authorization.

S t u d e n t N a m e

S t u d e n t S i g n a t u r e

D a t e

I hereby authorize Mercy Medical Center (MMC) or persons working on behalf of MMC to photograph, video tape and/or audio record my child and to use his/her name and these photographs, video tapes and/or audio recordings in commercial and/or non-commercial marketing materials, patient education materials, print publications, public relations, broadcast media, video productions and internet communications. I wave all rights to compensation and claims that I may have or acquire against Mercy Medical Center for use of the information authorized by this document.

P a r e n t / G u a r d i a n N a m e

P a r e n t / G u a r d i a n S i g n a t u r e

D a t e

Release of Information

I hereby give Mercy Medical Center permission to obtain school records that would pertain to my child's involvement with this program.

P a r e n t / G u a r d i a n N a m e

P a r e n t / G u a r d i a n S i g n a t u r e

D a t e

Optional Information

The Nursing Workforce Diversity Program is grant funded, requiring that we provided statistical information about the students we serve. Your answers to the questions below are optional. Responses will be kept strictly confidential.

Please check all that apply:

Caucasian

African American

Asian

Hispanic/Latino/Latina

Pacific Islander or Native Hawaiian

Native American/Native Alaskan

Tribe: _____ %: _____

Other – Please Specify: _____

Do you speak a language other than English at home?

Yes No Please Specify: _____

Are you eligible for Federal Free and Reduced Price Lunch Program?

Yes No Eligible, but do not participate

Please write and attach a 1 page essay or create a 1-2 minute video (DVD or VHS) on *one* of the following three subjects:

- Why are you a good candidate for *Diagnosis Day 2010*?
- What do you hope to accomplish from your participation in *Diagnosis Day 2010*?
- How has a health issue affected you or someone in your family?

DEADLINE:
All entries must be postmarked on or before
February 19

Application check off list:

- Student information
- Parent/Guardian information
- Emergency medical information
- Media release
- Release of information
- Optional information
- 1 page essay or 1-2 minute video (DVD or VHS)

Mail completed application to:

Nursing Workforce Grant

Mercy Medical Center
2700 Stewart Parkway
Roseburg OR 97471

All entries must be postmarked on or before February 19.

If you have any questions, please feel free to contact the Nursing Workforce Grant Staff at 677-1570.

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