

Safe Sitter® Registration Form

Student Name: _____ Course Date(s): _____

Name student wants to be called: _____ Gender: M F Grade: _____ Date of Birth: _____

Parent/Guardian: _____ Phone (Cell): _____

Phone (Work): _____ Phone (Secondary): _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Email: _____

Dear Parent/Guardian(s):

A great deal of information is presented in a short period of time during the Safe Sitter® course. We want every child to succeed in the course, and we will work with you to make alternate plans if your child has difficulty keeping up. Please let us know if there is anything about your child that we should know to help your child succeed. If your child needs accommodations, please let the Instructor or Site Coordinator know as soon as possible.

Allergies

Does your child have any allergies such as foods or latex?

No YES

If YES, please explain: _____

Emergency Medical Permission

In the event of a health emergency, I authorize (Registered Provider) _____ to seek emergency care for my child. My preferred hospital is _____. In the event of any accident or health problem which may require the attention of a physician, I may be contacted at (phone) _____. If I am not available, _____ may be contact at (phone) _____ and is authorized to act on behalf of my child.

Manikin Practice

Safe Sitter® includes practice of rescue skills on CPR manikins. Manikins require strict standards for controlling infection.

I agree not to send my child if he/she has a contagious illness including rash.

YES
 YES

I give permission for my child to practice on the manikins.

Other Terms and Conditions

- I will take all responsibility for deciding whether my child is capable and mature enough to babysit.
- I understand the importance of having my child attend each course session and arrive on time.
- The Registered Provider reserves the right to decline the application of any student, or send home any student who, according to the site's discretion, is disruptive or puts him/herself or others at risk.
- I, the undersigned, consent to the use, reproduction and publication by Safe Sitter, Inc. and/or the Registered Provider of pictures or recordings taken of my child during the program for publicity purposes.
- **Acknowledgement of Risk of Injury/Release and Waiver.** I acknowledge and understand that there may be a risk of injury involved in the activities that my child will engage in during the program. In consideration of my child's participation in the program, I hereby agree to release, waive, hold harmless, and shall indemnify Safe Sitter, Inc. and the Registered Provider and their respective employees, members, officers and other staff members from liability to us and our child for any and all claims.
- I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its meaning and significance.
- I, the undersigned, hereby certify that to the best of my knowledge, my child is able to safely participate in the program activities for which he or she has been registered.
- By submitting this registration form I agree to the terms listed above and provide my signature as proof of acceptance.
- I consent and authorize the Registered Provider to submit the name and address of my child to Safe Sitter, Inc. I understand that Safe Sitter, Inc. will not sell, share or trade this information with other organizations.

Electronic signature of parent/guardian (please type your first and last name)

Date

Safe Sitter, Inc. does not provide CPR or other certifications, release the names of graduates, or act as a referral source of babysitters.

Safe Sitter® Student Contract

The Safe Sitter® course is a medically accurate child care course developed especially for students in grades 6-8. Safe Sitter® teaches you the skills you need to safely care for children—infants through school age.

We want your Safe Sitter® course to be a positive experience for you! We want you to know what to expect from us when you take the course and we want you to know what we expect from you. With those points in mind, please read the following ground rules for the Safe Sitter® class.

- 1. Attendance.** There is a lot to learn in a fairly short time so it's important to come to all sessions, be on time, and stay until the end of the course. If this is not possible, you should reschedule for another course.
- 2. Respect for others.** You have a great opportunity to meet new people and develop friendships. We will expect you to think of the feelings of others – no teasing or put-downs.
- 3. Respect for property and equipment.** The class will be fun and the atmosphere relaxed , but students must remember that the space and the equipment must be treated with respect.
- 4. Student materials.** Please write your name in your Student Handbook and be sure to bring it back to each course session. Take your Student Handbook home after the course—it's yours to keep.
- 5. Electronic devices.** Keep cell phones and electronic devices on silent and put them away during class. You can check for messages at lunch or after the course. Please be sure that any electronic devices brought to class do not distract anyone during the course.

Safe Sitter® courses are always lots of fun for everyone. The ground rules are meant to help guarantee that fun. Sign below if you are willing to abide by them.

I understand the importance of Safe Sitter's ground rules. I agree to follow them in the course.

Student Signature

Date



BAXTER REGIONAL MEDICAL CENTER MEDIA CONSENT FORM

Name: _____ Birth Date: ____/____/____

I offer my consent and authorize Baxter Regional Medical Center, or any of its affiliated entities, to take photographs, films, audio and/or video, interview me, or publish article(s) or information about me, including placement in a central repository for use or reuse, unless otherwise indicated, for the following purposes:

Hospital publications, fundraising, publicity, promotion, website or advertising for Hospital or any of its affiliated entities.	Marketing as defined in the federal or state privacy regulations.
Research/education programs.	Publications, newspapers, printed media, radio, television, website and all types of electronic communication media.
Documenting my injury/condition for evaluation, insurance or legal reasons.	Other: (specifically describe):

CENTRAL REPOSITORY (check only one box):

- Photograph or video to be placed in central repository for reuse.
- Photograph or video not to be placed in central repository for reuse.

CONSENT EXPIRATION:

- No expiration date
- Date: _____

I UNDERSTAND THAT:

- I may refuse to sign this Consent/Authorization and that it is strictly voluntary.
- If I do not sign this form, my health care, payment for my health care, or gaining enrollment or eligibility in any health insurance plan, unless federal or state privacy regulations allow it, will not be affected.
- I have the right to request cessation of the production of the recording(s), films, or the images, as well as rescind consent prior to use of the product.
- This Consent/Authorization is valid, unless I cancel it in writing, for as long as the Hospital, or any of its affiliated entities, stays in business, or until the applicable expiration date indicated above. If I do cancel, it will not have any effect on any actions taken prior to receiving the revocation. As long as the Hospital, or any of its affiliated entities, has not taken action in reliance on this Consent/Authorization by mailing, faxing or delivering a letter in person to the Hospital, or any of its affiliated entities.
- If the requester or receiver is not a health plan or health care provider, the released information may be re-disclosed by the recipient and may no longer be protected by federal or state privacy regulations.
- I may be identified in any use of the above materials. I realize that I will not be compensated in any way for the taking or use of photographs, films, audio and/or video, or the publishing of any article or information.
- If the Hospital, or any of its affiliated entities, will receive compensation, either directly or indirectly, from external source(s) because of the use of my media/ information in the project described above, I will be notified of said compensation. And in such an instance, the Hospital, or any of its affiliated entities, will be acting only as the intermediary, making it possible for the aforementioned source(s) to contact me.
- I may see and obtain a copy of the media/information described on this form, for a reasonable copy fee.
- I may receive a signed copy of this Consent/Authorization form upon request.

As such, I relieve and hereby agree to hold Baxter Regional Medical Center, or any of its affiliated entities, free and harmless from any and all liability arising out of the use and/or release of information; interview; photograph/videotape/film; and subsequent publication or broadcast. I understand that the interview(s) or photo session(s) are being carried out upon my consent and authorization and so assume full responsibility.

Signature of Employee/Volunteer/Patient/Parent/Guardian/Patient Representative

_____/_____/_____
Date

Name of Minor (if applicable)

Relationship to Minor (if applicable)

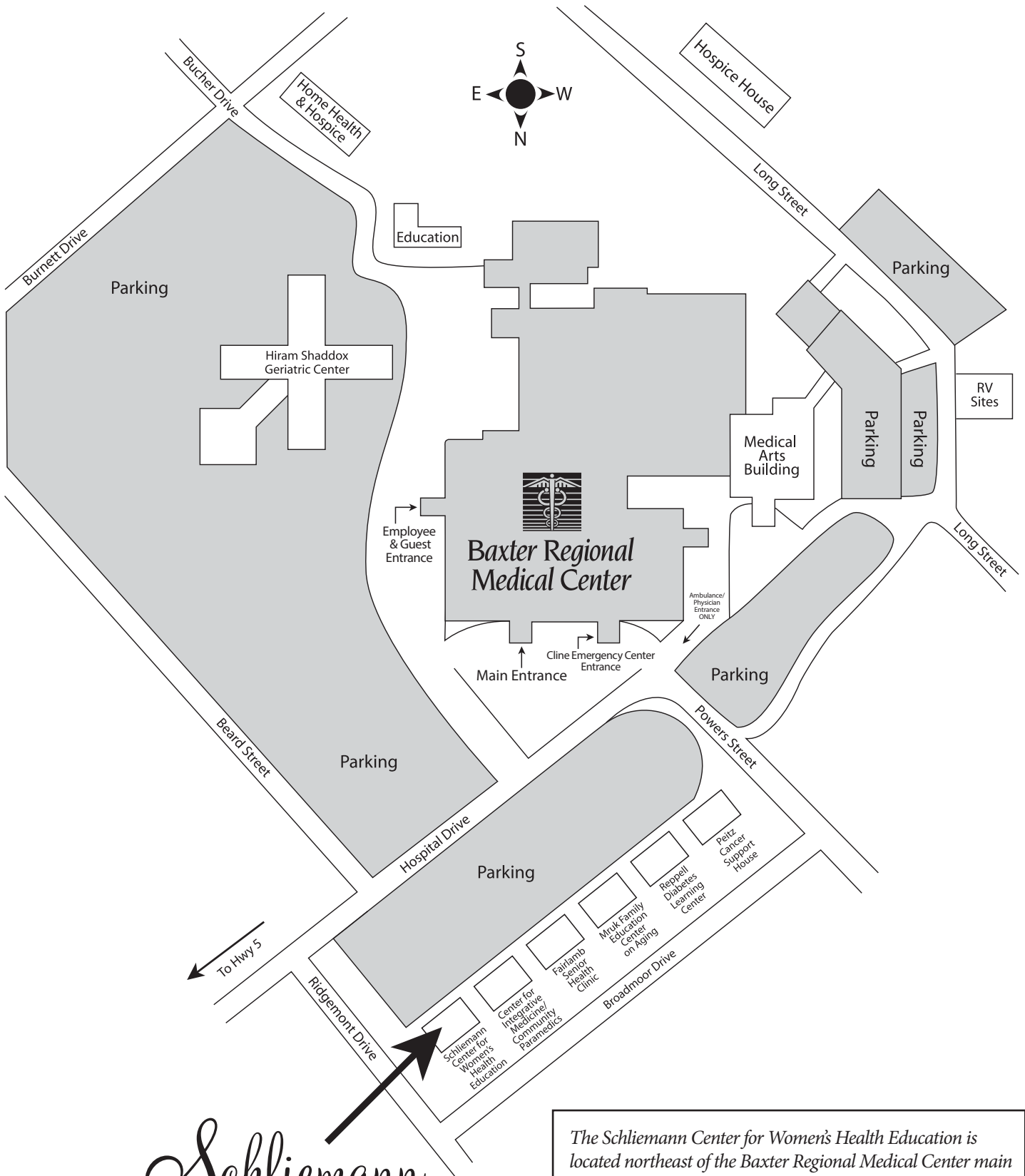
Street Address

Email Address

City, State, Zip Printed

Phone Number





*Schliemann
Center*
for Women's
Health Education

The Schliemann Center for Women's Health Education is located northeast of the Baxter Regional Medical Center main building, across Hospital Drive from the Main Entrance.

On Hospital Drive from Highway 5, enter the first parking lot on the right, directly across from the main BRMC sign. Parking is available directly in front of the Schliemann Center for Women's Health Education.