

**LOS ANGELES PEDIATRIC SOCIETY APPLICATION
40th ANNUAL EVE AND GENE BLACK SUMMER MEDICAL CAREER PROGRAM
July 6 – 31, 2009**

Applicants must be at least 16 years old and a current 11th or 12th grade high school student.

This program is best described as a medical shadow program. Students work under the supervision of a health care professional and get a realistic view of what it is really like to be a doctor, nurse, etc. Students selected will receive a weekly stipend of \$75.00. This is for parking, bus, gas, food and any other expenses incurred while participating. The program is run for the 4 weeks in the month of July ONLY, Monday through Friday, about 8 hours a day, *no nights or weekends*. The exact hours are determined by each specific hospital and its program counselor.

Please Type or Print Clearly in BLACK INK ONLY

Name _____ Birth Date _____
First Last

Address _____ City _____ Zip _____

Home Phone _____ Cell _____

Email _____ Current School Grade (circle one): (11) (12)

High School _____ Phone _____

School Address _____ City/Zip _____

Extracurricular Activities and Interests _____

Honors or Honor Society Membership _____

Academic and Future Career Plans _____

TO COMPLETE THIS APPLICATION: These items MUST be included when submitting your completed application.

1. Type (not hand written) an essay (12pt., any font) of no more than one page about why you are interested in this program.
2. Attach one or more letters of recommendation from someone who is familiar with your abilities and interests. This can not be a family member.
3. If you need more space for "Extracurricular Activities and Interests" or "Honors or Honor Society Membership," please include this information on a separate sheet of paper. Transcripts are optional.
4. Have a school official, ie: principal, assistant principal, adviser or counselor, (not just a teacher) sign the application below.
5. Your parent or guardian **MUST** read and sign the consent form on the back of this application.
6. The hospitals listed below are the *only* hospitals participating in our program this year. Please indicate your 1st and 2nd choice. The second choice will only be used if the first choice hospital unexpectedly drops the program. Select carefully as you are responsible for your own transportation. **Note: Hospitals with * require students be 18 years old by start of the program.**

- | | | |
|--|--|--|
| <input type="checkbox"/> *Cedars Sinai Medical Center, LA | <input type="checkbox"/> LAC/USC Medical Center, LA | <input type="checkbox"/> St Johns Hospital/Santa Monica Hospital |
| <input type="checkbox"/> Childrens Hospital Los Angeles | <input type="checkbox"/> Los Robles Medical Center, Thousand Oaks/
Kaiser Panorama City/ Simi Valley Hospital
(COMBINED PROGRAM) | <input type="checkbox"/> * St Mary Medical Center, Long Beach |
| <input type="checkbox"/> Harbor UCLA Medical Center, Torrance | <input type="checkbox"/> Olive View UCLA Medical Center, Sylmar | <input type="checkbox"/> Tarzana Medical Center, Tarzana |
| <input type="checkbox"/> King Harbor (Drew) Medical Center, LA | <input type="checkbox"/> UCLA Medical Center, LA | <input type="checkbox"/> White Memorial Medical Center LA |

Student Signature _____ Date _____

School Official Signature _____ Date _____

Application Deadline: MARCH 5, 2009. Your application package must be POSTMARKED by this date. APPLICATIONS ARE TO BE MAILED ONLY; the original and 1 copy of your entire application package must be sent.

An application package consists of the following documents: both sides of this application, the essay and letter(s) of recommendation. Letter(s) of recommendation mailed separately will *not* be accepted.

Applicants will be notified by April 20 if accepted or not.

Mailing Address: Eve and Gene Black Summer Medical Career Program
Los Angeles Pediatric Society
PO Box 4198
Torrance, CA 90510-4198

Place the original and a complete copy of your application package in one envelope. This envelope will require additional postage.

Do NOT send your application via express or certified mail. We recommend using USPS "Delivery Confirmation."

If you have any questions visit our website www.lapedsoc.org and review the "FAQ" under the Summer Program or contact

Mary Ellen Osborne weekdays at 310-503-1527 or email at meosborne@lapedsoc.org

For additional applications: Duplicate this one, get one from our website: www.lapedsoc.org or contact us for one as a Word doc.



los angeles pediatric society

40th ANNUAL EVE AND GENE BLACK SUMMER MEDICAL CAREER PROGRAM
JULY 6 – 31, 2009

**Consent and Agreement for Student Participation in the
Eve and Gene Black Summer Medical Career Program**

As the parent or legal guardian of (Student Name) _____

I agree as follows:

1. I give my unqualified, unconditional, and express consent for Student to participate in the Eve and Gene Black Summer Medical Career Program sponsored by the Los Angeles Pediatric Society ("LAPS").
2. On behalf of Student and myself, I waive and release all claims of every type against LAPS, its members, and any persons associated with it regardless of whether any claim is based on intentional conduct, negligence, or any other type of act or failure to act by any person or entity, known or unknown.
3. On behalf of Student and myself, I agree to indemnify LAPS and all persons or entities associated with LAPS including participating hospitals and other healthcare providers, and to hold them harmless from any liability of Student, including but not limited to all costs, expenses, and attorneys' fees.
4. On behalf of Student and myself, I agree to maintain the privacy and confidentiality of patient medical information as required by law.
5. In the event of an emergency and I cannot be reached, I consent to any medical care, treatment, or surgery necessary to the Student if there is an accident, injury, or sickness of any kind. This consent does not mean that LAPS or any person or entity associated with LAPS is under any obligation to provide medical care, treatment, or surgery.
6. If any part of this consent and agreement is held by a court to be invalid or otherwise unenforceable, the remaining portions of this consent and agreement shall remain in full force.
7. Prior to the start of the Program LAPS will require proof of immunizations plus tuberculosis test and a disclosure of medical/health problems and a list of any medication(s) currently being used. Sponsoring hospitals may require a medical release from a student's doctor before being accepted into the program. Students with medical conditions that put them at risk in a hospital setting will not be accepted into the program.
8. I have read and understood this consent and agreement in its entirety and have had the opportunity to discuss it with a representative of LAPS. By signing this consent and agreement, I intend to be bound by it in its entirety. I acknowledge that neither LAPS nor any person or entity associated with LAPS is obligated to allow Student to participate in the Eve and Gene Black Summer Medical Career Program and that my signing of this consent and agreement is a condition of any such participation.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Please Enter Parent/Guardian Contact Information Below:

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email _____

Emergency Contact (other than parent/guardian) _____ Relation _____

Home Phone _____ Cell _____ Work _____