



PRE-NURSING BOOT CAMP OPPORTUNITY

We are excited to announce that DRH Health, in collaboration with OU College of Nursing, is hosting our Pre-Nursing Boot Camp on Thursday, February 20, 2025 at the DRH Learning Center. This event will be held from 8:15 a.m. to 2:45 p.m. and will be for students interested in pursuing a career in nursing or in healthcare. This event will be FREE of charge and lunch will be provided. This is a limited space event and only a select number of students will be accepted.

To be eligible to attend, the student must meet the following requirements:

1. Must be in good standing on school attendance and eligibility to ensure their school will grant an excused absence to attend the program.
2. Must hold a current Grade Point Average of 2.75 or higher.
3. Must provide an electronic copy of your most recent transcript **OR** recommendation letter from a guidance counselor or teacher indicating your GPA **OR** report card. You may email the documentation directly to: lesa.hefner@drhhealth.org.
4. Must be at least 15 years of age by February 20 and be a sophomore, junior or senior.
5. Must be able to provide their own transportation to and from the event.
6. Must have an interest in learning about a career in nursing and or healthcare in general.
7. Must complete the online application found at <https://www.swokhealthcareers.com/events>
8. Submit the form and upload the transcript or letter of reference, or email, as noted above, by the deadline of Friday, February 14th at 5:00 p.m.

Please note: The application is not complete until both the application and the transcript or a letter of reference or the report card copy have been submitted.

Feel free to contact me with any questions at 580.251.8238 or by emailing lesa.hefner@drhhealth.org.



Pre-Nursing Boot Camp Application

Hosted by: DRH Health and OU College of Nursing

Location: DRH Learning Center, 2465 Whisenant, Ste #200, S. of DRH

Thursday, February 20, 2025 - 8:15 a.m. to 2:45 p.m.

**Application Deadline: February 14th, @ 5:00 pm. Space is limited.
Apply early to ensure acceptance!**

Student Name: _____ Age: _____

Cell Phone: _____ Email: _____

Home Address: _____

Work Experience: _____

Name of Parent or Guardian: _____

School Attending: _____ Current Grade Point Avg.: _____

Grade level: Sophomore ☐ Junior ☐ Senior ☐

School Activities and Offices held: _____

Other Activities (Church, Civic, Etc.): _____

What awards/recognition have you received? _____

Please state why you are applying to attend this event:

- **Please email an electronic copy of your most recent transcript OR recommendation letter from a guidance counselor or teacher indicating your GPA OR report card to lesa.hefner@drhhealth.org. Your application is not considered complete unless the transcript copy and/or reference letter and application have been submitted as instructed.**



Insurance and Emergency Information

Participant's Name: _____

Birth Date: _____ Phone: _____

Participant's Home Address: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____ Email: _____

Insurance Company: _____

Name of Insured: _____

Policy #: _____ Group #: _____

Participant Medical Information

List medical information about the participant that would be helpful in case of emergency.

Allergic to medications? () Yes () No

If yes, what medications? List any allergies or other medical problems of the participant:

I consent to receive, or if participant is under 18, for my child to receive, emergency medical treatment in case of injury or illness. The information provided is accurate to the best of my knowledge.

Parent/Guardian Signature (required if participant under 18)

Date

Participant's Signature

Date



Pre-Nursing Bootcamp – February 20, 2025
RELEASE FOR MEDICAL AND OBSERVATIONAL EXPERIENCES

(Participant Name-printed)

(Parent/Guardian Name-printed – required if participant is under 18)

I, the undersigned, hereby consent to participate or allow my child's participation in a medical learning experience at DRH Health, as sponsored by the EHCO Program.

I understand and acknowledge that participation in activities taking place in a health care environment involves inherent risks and hazards, including the risk of exposure to disease and blood/body fluids, and other potential risks. Although I understand that these risks may have serious consequences, on behalf of myself or my child, I hereby expressly assume all of these risks, known or unknown, which could occur through my participation or my child's participation in the Program, and, on behalf of myself or my child and, I assume personal responsibility for my health or my child's health and safety while I or my child participates in the Program. In addition, I understand that I am responsible for expenses incurred for any medical or health care services (emergency or otherwise) I or my child may require as a result of participating in the Program.

As an inducement for and in consideration of my or my child's participation in the Program, on behalf of myself or my child, I hereby agree that DRH Health, its subsidiaries and affiliated corporations and their respective directors, officers, employees and agents, will not be liable for any personal injuries, medical claims, damages or other expenses which may occur from my or my child's participation in the Program. On behalf of myself or my child, I hereby release DRH Health, its subsidiaries and affiliated corporations and their respective directors, officers, employees and agents, from any and all claims or demands which I or my child may now have or have in the future which result from my or my child's participation in the Program, and, on behalf of myself or my child, I agree not to sue DRH Health, its subsidiaries and affiliated corporations and their respective directors, officers, employees and agents, for any such claims or demands. This Release is intended to be as broad and inclusive as permitted by law, and if any portion of this document is found to be invalid, the rest of this document will remain in effect. This Release shall be binding on my heirs, executors, administrators and assigns.

I acknowledge that I have read this document in its entirety or that it has been read to me if I am or have been unable to read it.

Parent/Guardian Signature (required if participant under 18)

Date

Participant's Signature

Date



MEDIA CONSENT WAIVER

I do hereby authorize DRH HEALTH and the DRH HEALTH FOUNDATION to copyright, publish, and use (in all forms and media, and all manners for advertising trade, promotion, exhibition, or any other lawful purpose whatsoever) still, single, multiple or moving photographic or video portraits of me in which I may be included in whole or in part, or composite or distorted in character or form, in conjunction with my own or fictitious name, or reproductions thereof in color or otherwise for other derivative works made through any medium.

I do hereby waive any right I may have to inspect and/or approve the finished product or advertising copy that may be used in connection therewith, or the use to which it may be applied. I release DRH Health, the DRH Health Foundation and any other related representative from any liability whatsoever arising, or alleged to arise, by virtue of any form of aural, optical, compositional, or composite distortion that may occur while taking, processing, composing, editing, reproducing, publishing, or displaying said media. I further grant DRH Health and the DRH Health Foundation with the sole rights to any performance contained in said media.

I am the person named below and have legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

Name: _____ Age: _____

Signature: _____ Date: _____

Email: _____

Parent Signature (required if student under 18):

Communications/Marketing Department Use

Shot Locale: _____

Notes: