Thank you for your interest in the AIMS 2013 Summer Workshop for High School Students. The program date is:

**June 24-28, 2013 AIMS Summer Workshop for High School Students**

Please review the following key information and return all required forms with your application by March 15, 2013.

**RELEASE, SAFETY, MEDICAL INFORMATION FORMS:** No student will be allowed to participate unless these forms have been signed and returned. All must be returned by March 15, 2013 to the attention of AIMS S.W., Saint Louis University, 3839 Lindell Blvd. St. Louis, MO 63108.

**HOUSING:** Please read carefully. Complete and return with your application if you are an out-of-town participant requesting housing.

**WORKSHOP EXPECTATIONS:**

**CLOTHING:** Pants are appropriate for both females and males. No jeans, cutoffs, shorts or skirts. Males must wear a shirt with a collar. No halter tops, bare midriff or spaghetti straps. No sandals or open-toed shoes. The workshop faculty are professionals and your dress and manner should reflect a professional environment.

**SMOKING:** There is no smoking in the building or at any off-site facilities visited during the workshop. There is not time scheduled during the workshop for smoking breaks.

**CELLULAR PHONES & PAGERS:** We ask students turn off their cell phones, or at least, to turn off the ringer during the workshop sessions. If a student must answer a call, we ask that they do so during scheduled breaks, unless it is an emergency that they must respond to immediately.

**TRANSPORTATION:** Transportation to all off-site visits will be provided.

**TIME:** Please arrive by 8:00 a.m. the first morning and expect to be dismissed by 3:30 p.m. You will receive a schedule the first day of the workshop. Please note: The arrival and dismissal times may vary depending on the day’s activities. See sample schedule.

**ACCEPTANCE:** Acceptance will be based on rolling admission. We encourage students to register as early as possible since spots for our programs fill-up quickly. Participants will be notified of their acceptance on or before April 15, 2013. Participants will receive a letter or email confirming the receipt of their application materials upon arrival. Please complete and mail all the required forms as well as completing the online application. Incomplete applications will not be processed. Consult the application checklist.

**PAYMENT:** All accepted applicants will be sent an invoice for payment for all fees (housing and workshop). Full payment is required by May 1, 2013 to reserve your spot. Major credit cards or checks are acceptable methods of payment.

**CANCELLATION POLICY:** Applications must include a check or credit card information for $100 to reserve your space. If you decline to attend prior to May 4, your money will be refunded. Any withdrawals after May 4 will result in forfeiture of your deposit.

If you have additional questions, do not hesitate to call Ray Vollmer 314-977-7377 or e-mail your questions to the AIMS Staff at aims@slu.edu.
APPLICATION CHECKLIST

All required forms must be completed and submitted with your application by March 15, 2013.

☐ ONLINE APPLICATION

☐ RELEASE AND AGREEMENT TO RULES

☐ SAFETY PROCEDURES IN THE LABORATORY

☐ MEDICAL INFORMATION FORM

☐ MEDICAL AUTHORIZATION FORM

☐ HOUSING FORM (if needed)

☐ SLU HOSPITAL CONFIDENTIALITY STATEMENT

☐ TWO LETTERS OF RECOMMENDATION
  ☐ Check if being sent under separate cover.

☐ TRANSCRIPT
  ☐ Check if being sent under separate cover.

☐ CHECK FOR $100 DEPOSIT MADE PAYABLE TO Saint Louis University

☐ INFORMATION PRIVACY & SECURITY TEST QUESTIONS (HIPAA)
  ☐ Please watch HIPAA video and complete the test questions

☐ PROOF OF HEPATITIS B VACCINATION

☐ PROOF OF NEGATIVE TB TEST
  ☐ TB Test must be complete after July 1st 2012 to be considered current

PLEASE NOTE: Your application will not be considered until all materials are received. Complete applications are required; however, letters of recommendation and transcripts will be accepted separately only if required by your school policy.

PLEASE RETURN ALL MATERIALS TO:

AIMS Staff
Saint Louis University
3839 Lindell Blvd.
St. Louis, MO 63108
RELEASE AND AGREEMENT TO RULES

As parent or guardian of __________________________________________ (student), I hereby grant permission for the student to attend and participate in the Practical Anatomy / AIMS 2013 Summer Workshop for High School Students.

I also agree to the following pertaining to the above named student:

1. I understand that transportation to and from AIMS/PASE must be arranged by the student and/or family. I further understand that in case of problems of illness, disruptive behavior, or other sudden circumstances, I will be responsible for transportation home at any time when AIMS/PASE officials deem such dismissal necessary for the benefit of the student or others in the AIMS 2013 Summer Workshop.

2. I agree to adhere to the rules and regulations concerning students' responsibilities during the AIMS 2013 Summer Workshop. The student will wear appropriate dress at all times at the AIMS/PASE facility. I understand that the student is expected to maintain an appropriate appearance that is businesslike, neat and clean, as determined by the requirements of the work area. Clothing should be of sufficient length, weight and fit to be modest when performing any activity required. Jeans, shorts, shirts with logos or pictures, tank tops and clothing that reveal bare backs, midriffs, or shoulders are not acceptable attire. I further understand that the director has the right to dismiss any student whose behavior is not consistent with the goals and standards of AIMS/PASE.

3. I understand the student will observe the dissection of cadaver specimens.

4. I understand that it may be necessary to leave campus at some point during the AIMS 2013 Summer Workshop, and I retain all responsibility and liability for my own welfare.

5. I agree that the student will participate in the completion of questionnaires and other appropriate and approved research projects done as part of the program's evaluation. I also agree that photographs of the student taken during the program, papers written by the student during the program, and similar items may be used by AIMS/PASE in reports and public information materials. I further agree to allow AIMS/PASE to release for educational purposes, photographs, and video recordings, with/without audio, of activities and projects involving the student.

6. I understand that attendance is mandatory; I will arrive on time and notify program staff if sick and unable to attend at any point during the AIMS 2013 Summer Workshop.

AIMS 2013 Code of Conduct

I understand that participants in the AIMS 2013 Summer Workshop for High School Students must uphold the highest standards of personal conduct in representing AIMS/PASE. I understand that there will be no smoking during the Workshop and I agree that I will not use alcohol or non-prescription controlled substances during the Workshop. I agree not to bring cellular phones and pagers to Workshop activities. I also agree to follow the instructions of the AIMS/PASE staff at all times, participate in all Workshop activities, not leave the workshop group at any time during the Workshop, and abide by the Workshop curfew if I am a resident participant. I understand that an infraction of these rules will result in my immediate dismissal, return home at my expense and forfeiture of all Workshop tuition paid.

Participant _________________________________________________________ Date ______________________

Parent or Guardian ____________________________________________ Date______________________

Without parent/guardian consent, the student cannot participate in the AIMS 2013 Summer Workshop for High School Students.
SAFETY PROCEDURES IN THE LABORATORY

One of the first things a scientist learns is that working in the laboratory can be an exciting and rewarding experience. But it can also be quite dangerous if you are not serious and alert and if proper safety precautions are not taken at all times. However, the laboratory is a safe environment in which to work and learn if some general rules are observed and safety precautions are stressed each time an investigation is begun.

GENERAL GUIDELINES

ARE: DRESS CODE:
* Tie back long hair to keep your hair away from any chemicals or other lab equipment.
* Do not wear sandals or open toe shoes in the lab. Never walk around the lab barefoot or in stocking feet.

GENERAL SAFETY RULES:
* Be serious and alert when working in the lab. Never "horse around" in the lab.
* Be sure that you understand the procedure to be employed in any lab investigation and any possible hazards.
* Follow the directions exactly as written or spoken. If you are in doubt about any part of the investigation, ask the instructor for assistance.
* Handle tools and equipment CAREFULLY!
* Never eat or taste anything in the lab including food, drinks, candy and gum.
* Wash your hands before and after performing every investigation.
* Keep your lab area clean and free of unnecessary books, papers and equipment.

FIRST AID:
* Report all accidents, no matter how minor, to your instructor immediately.
* Become aware of the location of the first aid kit. But remember that your instructor should administer any required first aid due to injury.
* Your instructor may call a physician.

USING SHARP INSTRUMENTS:
* Handle scalpels (or razor blades) with extreme care. Never cut materials toward you: Cut away from you.
* Be careful when handling sharp, pointed objects: such as scissors, pins and dissecting probes.
* Notify your instructor IMMEDIATELY if you cut yourself or receive a cut.

HANDLING ORGANISMS:
* Treat all body parts of an organism with CARE and RESPECT.
* Wear gloves when handling body parts.

END OF INVESTIGATION RULES:
* When the signal is given to end the investigation, STOP! Clean up your work area and return all equipment to its proper place.
* Wash your hands after every investigation.

SAFETY PROMISE:
This is to certify that I, _______________________________________________ have received PRINTED INSTRUCTIONS regarding the safety procedures to be followed in the laboratory during the AIMS 2013 Summer Workshop. I realize that failure to observe these instructions may lead to serious consequences. Therefore, to avoid any injuries to persons or equipment, I PROMISE TO OBSERVE AND OBEDIENT THESE RULES CAREFULLY AND FAITHFULLY.

Participant ______________________________________________________________
Date________________________

Parent or Guardian ______________________________________________________ Date________________________


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MEDICAL INFORMATION

Participant (Full Name) ___________________________________________ Date of Birth _______________

Street Address ___________________________________________________________________________________

City ___________________________ State ____________ Zip ______________________

U.S Citizen? ❑ Yes ❑ No ACT Score ___________ SAT Score ___________ GPA ___________

Home Phone No. ________________________________ E-mail Address ________________________________

Mother’s Name ________________________________ Daytime Phone No. ____________________________

Father’s Name ____________________________ Daytime Phone No. __________________________

Please complete this section. In the case that medical care is needed, health insurance information is required. If you are not insured, please provide information regarding the procedure you would like followed in the case of an emergency.

Insurance Company_____________________________________________________________________________
Group or ID Number____________________________________________________________________________
Individual Policyholder (Name of person) ___________________________________________________________
Participant’s Physician ____________________________ Physician’s Phone No. __________________________
Physician’s address _______________________________________________________City __________________
State ____________ Zip ______________________Home Phone No. _______________________________

Please list known allergies and important medical information:

____________________________________________________________________________________________

Complete the following. If you answer “Yes” to any item, use the space provided to explain the type of assistance that would be needed. Please attach an additional sheet if necessary.

Physical Handicaps ❑ Yes ❑ No Assistance needed ________________________________________________

Psychological Conditions ❑ Yes ❑ No Assistance needed ____________________________________________

Hearing Impairment ❑ Yes ❑ No Assistance needed ________________________________________________

Vision Impairment ❑ Yes ❑ No Assistance needed ________________________________________________

Is there any reason why the participant would need special assistance, facilities or arrangements? If so, please specify.

❑ Yes ❑ No Special Needs _________________________________________________________________________

Revised 2012
EMERGENCY MEDICAL AUTHORIZATION

As parent or guardian of ____________________________________________ (student’s name), I hereby authorize and give permission to AIMS/PASE/SLU SOM or its duly authorized representative, to act on my behalf and in my stead, should my son/daughter complain of being ill, be injured or require emergency medical treatment. I understand that in the event that my son/daughter complains of being ill or is injured he/she will be taken to a hospital emergency room and examined by an emergency medical physician. I understand that every effort to contact me or my agent will be made as soon as possible and that I will be consulted in the event that hospitalization is recommended. I hold harmless AIMS/PASE/SLU SOM, its directors, employees, and staff from all claims, demands, damages, actions or causes of actions, present or future, whether known, anticipated or unanticipated, and resulting from, rising out of, or incident to their actions pursuant to this authorization.

__________________________________________________________ Signature of Parent or Guardian

Date____________________

Home Phone  _________________________

Mother’s Work Phone ______________________ Mother’s Email Address _______________________

Mother’s Cell Phone ______________________

Father’s Work Phone ______________________ Father’s Email Address _______________________

Father’s Cell Phone ______________________

Student’s Cell Phone ________________________ Student’s Email Address ______________________

EMERGENCY CONTACT
An emergency contact other than the parent/guardian is required in case the parent/guardian is not able to be reached in an emergency.

If parent/guardian is not available, whom shall we contact?

Name___________________________________________

Home Phone _________________________________

Cell Phone ____________________________ Work Phone ________________________________

Relationship to Participant ________________________________
HOUSING FORM

Please complete the following if you are planning on being a resident participant at the Village Apartments during the workshop. Housing is available only to students who reside outside the Saint Louis Metropolitan area.

Last Name ____________________________________ First Name ____________________________ M.I. _____

Street Address__________________________________________________________________________________

City __________________________________________ State ____________ Zip____________________

Home Phone No. ________________________________________ Gender: ☐ Male ☐ Female

Date of Birth (Month/Date/Year) _____/_______/________

Please list any known allergies:

Please list any special food considerations (i.e., vegetarian):

Please list any medical conditions or medications:

I am aware that my child is planning to participate in the AIMS 2013 Summer Workshop for High School Students and is requesting housing. I understand that my child will be supervised at the Village Apartments on Saint Louis University’s campus in the evenings and nights by AIMS/PASE Staff members.

Signature of Parent/Legal Guardian ________________________________________ Date________________________

Revised 2012
SAINT LOUIS UNIVERSITY HOSPITAL

SAINT LOUIS UNIVERSITY HOSPITAL TOUR - ______________________ (date)

CONFIDENTIALITY STATEMENT

The Health Insurance Portability and Accountability Act Privacy Regulations

As of April 14, 2003, the federal Health Insurance Portability and Accountability Act (HIPAA) provides patient protections in connection with the use and disclosure of their health information, in addition to those protections that already exist under state law. Tenet Healthcare Corporation and Saint Louis University Hospital are committed to protecting the privacy and security of our patients’ health information.

By signing this statement, I acknowledge my responsibility under state and federal law and agree not to disclose or share with others, and keep confidential, any information regarding Hospital patients and proprietary information of Hospital. I agree that if I have access to patient information, not to reveal to any patient specific information, including that this person is a patient at the Hospital and any information I may learn about the circumstances of the patient’s care, and further agree not to reveal to anyone else any confidential information of this Hospital. I agree to comply with any patient information privacy and security policies and procedures of the Hospital.

I further acknowledge that the importance of patient privacy, security and confidentiality has also been verbally discussed with me, and that I had an opportunity to ask questions regarding the Hospital’s privacy and security policies, procedures and practices.

I have read and understand the terms of this statement and agree to abide by these terms. Should I choose to reveal confidential patient information to anyone, I acknowledge that the Hospital provided me with the applicable information and training in order to prevent any and all violations of the laws regarding patient privacy, security and confidentiality.

_______________________________________
Signature of Individual Date

Signature of Guardian if Participant is Under 18 Date

Address: _____________________________________________________

City/State/Zip: ________________________________________________

Phone: (_____) ________________________________________________

Witness

Questions? The address of Saint Louis University Hospital’s Privacy Office is 3635 Vista at Grand Blvd, Saint Louis, Missouri - 63110 and you may contact the Privacy Office by email at: SLUH-Privacy.Office@tenethealth.com
SAINT LOUIS UNIVERSITY ASSUMPTION OF RISK AND RELEASE AGREEMENT

THIS IS A LEGALLY BINDING DOCUMENT

1. I, _____________________________, warrant that I am the parent or legal guardian of ____________________________ (the “Participant”), and in consideration for allowing Participant to take part in ____________________________________, I hereby release, waive, discharge and hold harmless Saint Louis University, its trustees, officers, servants, agents, and employees (hereinafter referred to as Releasees) from any and all liability, claims, demands, actions and/or causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by Participant or to any property belonging to myself or Participant, whether caused by the negligence of the Releasees, or otherwise, while participating in ________________________________________ and related program activities, or while in, on, upon, or on route to or from the location(s) where such activities are being conducted.

2. I am fully aware of risks and hazards connected with the activity of ____________________________, Including, but not limited to risks and dangers of:

___________________________________________________________________________________
___________________________________________________________________________________

which I understand could lead to, among other things, loss or damage to property and/or loss, damage, injury or death to Participant. I hereby elect to voluntarily give my permission for Participant to take part in said activity knowing that the activity may be hazardous to Participant. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by Participation, or any loss or damage to property owned by me or in my control, as a result of Participant being engaged in such activity, whether caused by the negligence of Releasees or otherwise.

3. I further agree to indemnify and hold harmless the Releasees from any direct or indirect loss, liability, damage or costs, including court costs and attorneys’ fees that they may incur due to Participant taking part in said activity.

4. It is my express intent that this Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a release, waiver, discharge, and covenant not to sue the above-named Releasees. I hereby further agree that this Agreement shall be construed in accordance with the laws of the State of Missouri.

5. Public Relations are an important part of the SLU Programs. Photographs and video segments are used in various prints and electronic media to recognize members for their work and to let others know what is happening at SLU. Because a large number of youths are involved in the University’s programs, we cannot assure you that your child will not be photographed. We will ask the photographers to honor individual requests not to be photographed. Please visit with your children about your wishes and encourage them to let photographers know that they request not to be photographed.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Agreement, understand all its provisions, and sign it voluntarily as my own free act and deed. I warrant that no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made.

_________________________________________________
Full Name and Date of Birth of Participant

_______________    _____________________________
Date      Parent/Legal Guardian

Child Participant Assumption of Risk and Release 00013757-1