NYU Winthrop Hospital Healthcare Explorers Program

Garden City High School

PARTICIPANT CHECKLIST

NAME:

EMAIL:

* Complete Boy Scouts of America Youth Application – Use black or blue ink when completing the application. Complete areas where it asks for student and parent information. A parent or guardian must sign this form.
* Enclose a check for $33 made payable to “THEODORE ROOSEVELT COUNCIL”
* View Healthcare Emergency, Security, Patient Privacy and Infection Prevention power point presentations - Located on the GCPTA website’s Health and Safety webpage under NYU Winthrop Hospital Forms: http://www.gardencitypta.org/
* Sign HIPPA-Employee Confidentiality Attestation
* Sign Safety and Security Attestation
* Complete NYU Winthrop’s Medical Clearance - Requires current PPD and Flu Vaccination. This form must be signed and dated by a doctor.

Please return your check and all completed forms to the GCHS Main Office no later than

Wednesday, October 2nd at 9am to be eligible to participate in the program. If completed forms are not received by the deadline, the student will be placed on a waitlist. Thank You.

If you have a question, please email: HealthandSafety@GardenCityPTA.org

or call **Carol Giordano, NYU Winthrop Hospital @ 516-663-2993**