



Summer Health Careers Institute Application 2026

Application Drop-off: April 2 - April 23
Monday, Tuesday, Thursday, Friday from 8 a.m. - 4 p.m.
Santa Rosa Junior College, Race Building, 3rd Floor, Room 4062

You must submit documentation of all required health/immunizations with your application to be considered for a spot in the program

SRJC Student ID#: _____

Full Name: _____
Last First Initial

Mailing Address: _____
Street Address

City State Zip Code

E-mail address: _____

High school Information:

Highschool currently attending: _____

Grade you will be attending in Fall 2026: _____

Counselor who referred you: _____

Emergency Contact Information:

Emergency Contact Person: _____

Emergency Contact Phone: _____

Spaces in the program are limited to the first 22 students on a first-come, first-served basis. The first 22 students who submit a complete application and all required immunizations by the deadline will receive an acceptance email on **April 30**.

Please do not call or email for an update before then.



Summer Health Careers Institute Immunization Requirements

You are required to have all health/immunizations in order to receive an add code for the class. This checklist is for your reference only; it does not need to be returned with your application.

Tuberculin Skin Test Purified Protein Derivative (PPD)

- Injection 1 : 1st dose of PPD Antigen
- Injection 2: 2nd dose of PPD Antigen

Hepatitis B (HepB)

- HepB Dose #1
- HepB Dose #2
- HepB Dose #3

Tetanus/Diphtheria (Tdap)

- Booster Vaccination (within 10 years)

Measles Mumps Rubella (MMR)

- Injection #1
- Injection #2

Varicella (VZV)

- Vaccination / Positive Titer

Influenza

- Recommended Vaccine

COVID-19 & Variants (SARS-CoV-2)

- Injection #1
- Injection #2
- Booster Vaccine



SANTA ROSA JUNIOR COLLEGE

STUDENT HEALTH SERVICES

MEDICAL CONSENT FOR TREATMENT OF A MINOR

This form is designed to permit the Santa Rosa Junior College – Student Health Services to evaluate and treat your child until she or he reaches the age of 18 unless sooner revoked in writing. It allows our office to provide the following services at each visit without requesting verbal or written consent from you:

1. Routine student health care. (For problems such as colds, minor injuries and illnesses, cuts requiring tetanus immunization, etc.)
2. Emergency care, first aid, and referral to local health facilities should an emergency situation arise while your child is on the SRJC campuses.

If you have any questions regarding this form, you are welcome to call the Student Health Services office at (707) 527 – 4445 and talk to one of our Nurse Practitioners on duty.

Student's Name _____

Social Security _____

Date of Birth _____

(I) (We), the undersigned parent(s)/guardian(s) to _____, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical evaluation, diagnosis or treatment that may be rendered to said minor child under the general or special supervision of physician or surgeon licensed under the provisions of the California Medical Practice Act, whether such diagnosis or treatment is rendered at Santa Rosa Junior College – Student Health Services or at a licensed hospital, clinic, or doctor's office.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care which the staff of the SRJC Student Health Services in the exercise of their best judgment may deem advisable.

It is understood that in case of an emergency, reasonable efforts shall be made to contact the undersigned prior to rendering treatment to the patient, and that any of the above treatment will not be withheld if the undersigned cannot be reached.

This consent is given pursuant to the provisions of Section 25.8 of the California Civil Code.

Signature Parent or Legal Guardian (please print)

Date

Address

City

State

Zip

Telephone where Parent/Legal Guardian can be reached:

Name: _____ Home: _____ Work: _____
(please print)



**SANTA ROSA
JUNIOR COLLEGE**

WEBSITE, SOCIAL MEDIA AND PHOTO RELEASE FORM

I, the undersigned, hereby irrevocably consent to the unrestricted use by Santa Rosa Junior College (SRJC), of my name, personal story, and any and all photographs or video footage that SRJC has taken of me this day for all purposes, including without limitation, college art, graphics, editorial, publications, media, advertising, or trade without compensation to me.

I hereby waive any right to inspect or approve the finished photograph, verbiage, advertising copy, digital or printed products that may be used in conjunction therewith, or to the eventual use that it may be applied. In connection to the foregoing, I release Santa Rosa Junior College from all liability. Any photo negatives or digital materials will remain the property of SRJC and will not be sold or used by another agency or organization for use for commercial purposes.

I warrant that I am acting as an independent contractor, freelance, or professional without pay. This agreement constitutes the sole, complete, and exclusive agreement between Santa Rosa Junior College and me. I am not relying on any other representation whether oral or written.

Signature _____ Date _____

Name _____

Address _____

Phone _____

Witness _____

Activity _____

If the model is a minor, parental or guardian consent is required for participation in the interview or photo shoot. I, the undersigned, as parent or guardian of the minor whose name appears above, consent to the foregoing conditions and warrant that I have the authority to give consent.

Signature _____ Date _____

Name _____ Address _____

Phone _____ Witness _____

**SONOMA COUNTY JUNIOR COLLEGE DISTRICT
COLLEGE FIELD TRIP, COLLEGE-SPONSORED ACTIVITY &
VOLUNTARY ACTIVITY WAIVER, RELEASE & INDEMNITY AGREEMENT**

For and in consideration of permitting the following named person, _____ to enroll in, and/or participate in the following activity(ies)

_____ of the Sonoma County Junior College District, beginning on _____ and through _____ the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions, or causes of action, for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity, or any activities incidental thereto, wherever or however the same may occur and continue, and the undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the Sonoma County Junior College District or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.
It is the intention of (participant) by this instrument, to exempt and relieve the Sonoma County Junior College District from liability for personal injury, property damage or wrongful death caused by negligence.

The undersigned, for him/herself, his/her heirs, executors, administrators or assigns, agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against the Sonoma County Junior College District, he/she shall indemnify and save harmless the Sonoma County Junior College District from any and claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

I, the undersigned, have no known medical condition(s) which may pose a risk to the health and safety of me or others by participating in the activity(ies). I agree to advise the District in writing of any medical, physical or health condition which may be affected or in any way jeopardized by participating in a specific field trip/excursion. I hereby acknowledge and understand that unless specifically advised otherwise, the college is not providing the transportation and it is my responsibility to arrange for my transportation to and from the activity. If the college is providing transportation but I do not use the transportation, I am responsible to make my own arrangements and the college assumes no responsibility or liability of any kind.

If the college is not providing the transportation I further understand:

- the driver of the vehicle in which I am riding, either as driver or passenger, is not driving on behalf or as an agent of the college, and the college has not verified the driving record of the driver, the liability insurance on the vehicle, or the condition of the vehicle;
- the college is in no way responsible, nor does the college assume liability, for any injury or loss which may result from my transportation;
- although the college may assist in coordinating the transportation and/or recommend travel time, routes, car pooling, or caravanning, recommendation(s) or travel assistance provided is not mandatory.

The undersigned acknowledges that he/she has read the foregoing Waiver of Liability Notice and the foregoing paragraphs, has been fully and completely advised of the potential dangers incidental to engaging/participating in the activity and/or instructing of the above-mentioned, and is fully aware of the legal consequences of signing the within instrument.

Signature (Participant) Date

Signature (Parent/Guardian – if participant is under 18) Date