

Partnerships



Students attend
PCHS dual
enrollment for
CNA

Offered 5
students jobs out
of healthcare
pathway



HOUSTON HEALTHCARE

Hired 2 CNA
students

HOSA Permission Slip

CTAE Field Trip			Permission/Medical Release	
Each student should complete this form.				
Student Name			Date	
Parent Name		Home Address		
City		Zip	Date of birth	
Home Phone		Alternate Phone	School Phone	
Emergency Contact Information: Contact name and phone number			Advisor Kristine Spivey	
AGREEMENT				
This is to certify that the above named student has my permission to attend the HOSA State Leadership Conference				
The students will promote the Career, Technology & Agricultural Education (CTAE) program they are representing.				
Date: February 29-March 2, 2024 Destination: Marriott Marquis, Atlanta GA				
Time: Leave PCH S 0800 Thursday Feb 29, 2024 and return around 1:00 pm on Mar 2, 2024				
Transportation: School Bus Your Child Will Need: Money for breakfast, lunch and dinner for 2-3 days				
This is an overnight event! Your child must be in their room by 11:00 without any excuse as the City of Atlanta has implemented a new city ordinance of arresting any minor out after 11!				
I do hereby, on behalf of the above named student, absolve and release the school officials and chaperones from any claims for personal injuries, which might be sustained while he/she is in route to and from or during the event.				
In the event of illness or injury and it is not possible for the hospital or school authorities to contact me, I give permission for any necessary medical intervention. In the event of an emergency, a student will be transported to a hospital or an appropriate medical facility. In case of serious illness or injury, the student's parent or legal guardian will be contacted at the number(s) listed above.				
MEDICAL INFORMATION				
Known Allergies (drug or natural)				
Special Medications Being Taken				
History of heart condition, diabetes, asthma, epilepsy, etc.			Date of last tetanus shot	
Any physical restrictions				
Family Doctor			Doctor Phone	
INSURANCE INFORMATION				
			Policy Number	
			Date	
			Date	

CTAE Field Trip			Permission/Medical Release	
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Parent Name		Home Address		
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Home Phone		Alternate Phone	School Phone	
Emergency Contact Information: Contact name and phone number			Advisor K. Spivey	
AGREEMENT				
This is to certify that the above named student has my permission to attend CNA Testing				
The students will promote the Career, Technology & Agricultural Education (CTAE) program they are representing.				
Date: November 20, 21, 22, 27, 29, Dec 1, 2023 (each student gets 3 days, see attached schedule)				
Destination: Church Home Life Spring Rehabilitation & Healthcare 2470 Hwy 41 N, Ft. Valley				
Time: Arrive at facility 7:00 AM and park on left side of building				
Transportation: Students will provide their own transportation				
Your Child Will Need: To bring a lunch or \$5 for lunch at facility				
I do hereby, on behalf of the above named student, absolve and release the school officials and chaperones from any claims for personal injuries, which might be sustained while he/she is in route to and from or during the event.				
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History of heart condition, diabetes, asthma, epilepsy, etc.			Date of last tetanus shot	
Any physical restrictions				
Family Doctor			Doctor Phone	
INSURANCE INFORMATION				
Insurance Company			Policy Number	
Name of Insured				
SIGNATURES				
Student Signature			Date	
Parent or Guardian Signature			Date	

CNA Clinical Permission Slip

CHECK-SHEET/-COVID¶
NAST-1100¶

¶

Testing-Evaluation-Sheet- _____ ¶

Work-Ethics-Printout- _____ ¶

TESTS:¶

#1 _____ ¶

#2 _____ ¶

#3 _____ ¶

#4 _____ ¶

#5 _____ ¶

#6 _____ ¶

#7 _____ ¶

#8 _____ ¶

#9 _____ ¶

#10 _____ ¶

Final-Exam... _____ ¶

CPR-Test _____ ¶

Copy-CPR-Card- _____ ¶

Skills-Master-Check-off-Sheet... _____ ¶

Personal-Code-of-Ethics- _____ ... ¶

Practicum-Skills-Sheet- _____ ¶

Practicum-Assessment... _____ ... ¶

Copy-of-Tuberculin-Test- _____ -Results- _____ ¶

Physical-Assessment... _____ -Copy-of-Flu-Vaccine- _____ -¶

Covid-Vaccine- → → ... → → .. → → → ..PreCheck → → → ¶

Hepatitis-Declination- → → → ¶

Receipt-for-Course-Evaluation- _____ ¶

Copy-of-Certificate-of-Completion- _____ ¶

CNA State
Folder Check
List

Clinical Assessment for 24 hours of clinical

Student-Name: _____

Nursing-Assistant--NAST-1100 Daily-Clinical-Assessment

Standards (points)	INSTRUCTOR-COMMENTS	GRADE
Professional Appearance (15) Uniform worn. (Pants @ waist, proper length not touching the floor) Must have (watch with second hand, photo badge from CGTC, black pen) Personal hygiene (neat, clean) Hair (neat, clean, away from face, off collar) Jewelry worn, limit rings to one wedding band, stud earrings only for females limit to one pair Shoes worn (neat, clean, no canvas, closed toe, solid colors, blue-black-white) No visible tattoos	11/16/22	---
	11/30/22	---
	12/2/22	---
Professional Communication (10) Phones instructor to report absence prior to assigned clinical No electronic devices Interacts, establishes rapport with client, family, staff, peers Report to staff when leaving the unit cooperates willingly assists other students, staff members and instructors. Speaks clearly, uses proper grammar Introduces self, addresses resident by name Maintains client confidentiality	11/16/22	---
	11/30/22	---
	12/2/22	---
Professionalism (10) Reports to instructor on time demonstrates professional behavior and attitude demonstrates good nature consistently accepts constructive criticism professionally Took appropriate breaks & left clinicals at the proper time	11/16/22	---
	11/30/22	---
	12/2/22	---
Rules and Safety (15) Follows rules of Nursing facility, HIPAA Ensures safety for resident; makes good judgements in safe handling of resident and their belongings Ensures resident's call light is within reach, if needed wheelchair locked Students asks instructor prior to performing task if unsure how to perform Recognizes and abided by Resident Rights	11/16/22	---
	11/30/22	---
	12/2/22	---

Universal Precautions (15) Abides by facility procedures Uses hand sanitizer appropriately Washes hands with soap & water as needed without being prompted Does not wear gloves in halls Keeps dirty linens off floor Handle soiled briefs properly Maintains clean technique when handling dentures & toothbrushes Linen cards not present during meal times Etc	11/16/22	---
	11/30/22	---
	12/2/22	---
Student's Role (10) Initiative (seeks new assignments, stays busy) Flexibility (accepts new assignments & task pleasantly) Organization of work time (time management) Dependability (works with minimum supervision) Responds to resident's needs and request promptly Uses supplies appropriate and avoids waste	11/16/22	---
	11/30/22	---
	12/2/22	---
Demonstrates Competency (15) Demonstrates the ability to provide total patient care to assigned residents Utilizes critical thinking in setting priorities for resident care Can identify normal vs. abnormal and reports significant information to instructor; (abnormal vital signs, bedsores, red skin areas, non-responsiveness, Etc) Student demonstrates the ability to apply classroom theory during clinical	11/16/22	---
	11/30/22	---
	12/2/22	---
Client Teaching (10) Identifies resident's learning needs Utilizes therapeutic communication skills with the resident to allow for comfort and comprehension (eye contact-touch) Uses terminology the resident can understand Speaks clearly and not rush the resident Explains procedure or task to resident prior to beginning Procedure or task and ensures their understanding	11/16/22	---
	11/30/22	---
	12/2/22	---

Clinical-Final-Grade: _____

Instructor's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Student's Comments:

WBL Healthcare Students

Bailey Alligood- Peach Athletics C/O 2025

Avionce Bailey- McDonalds C/O 2024

Maeghan Bennett- Top to Bottom Cleaning C/O 2024

Zhane Bradford- Crumbl Cookies C/O 2024

Reese Colson- U-Save-it Pharmacy C/O 2024

Ke'More Ezell- Valley Fresh Market C/O 2024

JaDore Hester- Zaxby's C/O 2024

Harley Holloman- Steak n Shake C/O 2024

Kaitlyn Hornaday- Peach County Atheletics C/O 2024

Nyla Johnson- Peach Co Rec Dept C/O 2024

Kaylani Lowe- Peach County Atheletics C/O 2024

Kaitlyn McReynolds- U-Save-it Pharmacy C/O 2024

Kimauri Smalls- PCHS Front Office C/O 2024

Torrance Smith- Starbucks C/O 2024

Johnny Worsham- McDonalds C/O 2024

Calee Mitchelson- Primary Pediatrics C/O 2024



WORK