HEALTH SCIENCES DIVISION

STUDENT CONSENT FORM

As a student enrolled in a MCC Health Science Program, I understand that the required clinical experience in various health care facilities may expose me to environmental hazards and infectious disease including, but not limited to Tuberculosis, Hepatitis B, and HIV (AIDS).

Manatee Community College carries accident insurance on all students enrolled in a clinical course. This insurance is automatically included in the fees paid each semester. However, neither Manatee Community College nor any of the clinical facilities used for clinical experience assumes liability if a student is injured or exposed to infectious disease in the clinical facility during assigned clinical experiences, unless the injury/exposure is a direct result of negligence by the college or the clinical facility. As a student, I understand that I am responsible for the cost of health care for any personal injury/illness that occurs during my education. MCC strongly recommends that students purchase their own health insurance.

Every Health Science student is required to carry liability insurance while enrolled in clinical courses. This insurance is automatically included in the fees paid each semester.

I also understand my responsibility to strictly maintain the confidentiality of all client information, whether personal or medical, as well as keep confidential any information related to the clinical facility. As a Health Science student, I clearly understand and fully agree, under penalty of law, that I shall never inappropriately access, disclose or reveal in any way, either directly or indirectly, any information from a client’s record or related to the care and treatment of any client, except, as needed, to authorized clinical staff. I further agree not to reveal any confidential information about the clinical facility to any third person.

Each student also is responsible for adhering to the policies and procedures of the MCC Health Science Division and specific program as noted in the Student Handbook.

My signature on this form confirms that I understand and assume responsibility for the inherent risks involved in being a student in a Health Science Program at Manatee Community College, and for adhering to the above policies.

NAME__________________________________  G00#___________________________

SIGNATURE_____________________________  DATE__________________________

Please indicate which program you are enrolled in:

____ Dental Hygiene ____ nursing _____ OTA _____ PTA ____ Radiography ____ Respiratory Care

June, 2008
During the laboratory sessions of any of the Health Professions Programs students will participate in various activities and simulations as both the patient/client and the practitioner. Each type of participation provides valuable learning for students.

As a student enrolled in this program, you will participate in these experiences unless there is a medical/health reason that precludes your participation. It is your individual responsibility to inform the laboratory instructors of any condition which might affect your participation. At that time, a decision will be made relative to your involvement/participation in laboratory activities.

On rare occasions, while participating in a laboratory activity, the student acting as the patient/client may experience some discomfort. If this should occur, please inform one of the laboratory instructors immediately.

Physical contact during laboratory activities and simulations will be expected during laboratory sessions. If physical contact poses a problem for you, please discuss this with the course instructor.

I, ___________________________________, understand the above information and recognize that it is my responsibility to inform a laboratory instructor of any known medical/health reason which may preclude my participation either acting as a patient/client provider or practitioner during activities and simulations during this health science program.

_______________________________   __________________________
Signature      Date

_______________________________
Print Name

Please indicate which program you are enrolled in:

_____ Dental Hygiene   _____ Nursing   _____OTA   _____ PTA   _____Radiography

Rev 5-2008
As a student in one of the colleges health professions programs, I understand that there may be occasions where audiovisual images of students participating in the activities of the programs may be taken for use as a part of various college related publications, presentations, etc.

I hereby grant Manatee Community College, their legal representatives and assigns, the right and permission to publish, without charge, and use photographic pictures, broadcast videotaped or filmed footage, including audio of myself (of the minor) taken while I am a student or a participant in one of the college=s health science programs.

These pictures/videos/audios may also be used in any medium for purposes of editorial use, advertising, display, reproduction, or publication in any other manner. I hereby warrant that I (or the undersigned parent/guardian) am over 18 years of age and am competent to contract in my own name insofar as the above is concerned.

Name of Person in Image: __________________________________________________________

Signature of Student or Guardian: _________________________________________________

Address: ____________________________

Street  City  State  Zip

Phone: ____________________________  Date: ____________________________

Please indicate which program you are enrolled in:

_____ Dental Hygiene  _____ Nursing  _____ OTA  _____ PTA  _____ Radiography

Rev. 5-2008