

EMPLID: \_\_\_\_\_

AEMSCO

DATE: \_\_\_\_\_



## STUDENT CONSENT FORM

As a student enrolled in a Manatee Technical College, I understand that the required clinical experiences in various health care arenas may expose me to environmental hazards and infectious diseases including, but not limited to, tuberculosis, hepatitis B and HIV (AIDS).

Neither Manatee Technical College nor any of the clinical or internship organizations used for clinical or internship experience assumes liability if a student is injured or exposed to infectious disease in the clinical facility or during assigned clinical or internship experiences; unless the injury/exposure is a direct result of negligence by Manatee Technical College or the clinical or internship organization.

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. Manatee Technical College strongly recommends that students purchase their own health insurance.

Every student is required to carry liability insurance while enrolled in clinical courses. This insurance is automatically purchased by the School District of Manatee County.

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 student, I clearly understand and fully agree, under the penalty of law, that I will 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 or party.

Each student also is responsible for adhering to the policies and procedures of the program as well as Manatee Technical College as noted in the student handbooks.

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

\_\_\_\_\_  
My Program

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Student Social Security Number (SSN)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (if under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years of age)

\_\_\_\_\_  
Date