



Nursing School Informed Consent

I, _____ understand that as a clinical student, I may be exposed to environmental hazards and infectious diseases including, but not limited to, Tuberculosis, Hepatitis B, and HIV (AIDS) while in a clinical facility.

Neither Carleen Health Institute nor any of the clinical facilities used for clinical practice assumes liability if a student is injured on the campus or in the clinical facility/practicum during training unless the injury is a direct result of negligence by the school or clinical facility. I understand that I am responsible for the cost of health care for any personal injury I may suffer during my education. I understand that I should purchase private health insurance.

I further understand that I shall have liability insurance (which covers malpractice) while enrolled in classes involving clinical activities. I also understand that this insurance fee is not included when I enroll in a clinical course.

I understand and assume responsibility for the policies, objectives, course requirements, and inherent risk involved in the education of nursing students at Carleen Health Institute.

Name

Student ID

Signature

Date