



**Experiential Learning Program
Consent and Waiver**

Note: If learner is under the age of 18, parental guardian consent is required.

I, _____, acknowledge that I am voluntarily participating in the Western Reserve Hospital *Experiential Learning Program*. I will read the literature that is provided to my child so that I know what will be expected of him/her.

I attest that I am at least 16 years of age and free from communicable diseases and will be able to **proof of immunization (signed by licensed nurse or healthcare provider), immunity by laboratory results (positive titer), or natural disease history (diagnosed, documented, and signed by licensed healthcare provider) of any requested diseases in advance of their learning experience including but not limited to tuberculosis and influenza.**

Participation in the *Experiential Learning Program* will include observing patients in a healthcare setting and observing medical, laboratory, and/or business procedures. I do hereby release Western Reserve Hospital, their staff, sponsors, and board of managers from any responsibilities of injury or accident as a result of the *Experiential Learning Program*. Any medical expenses incurred as a result of injury or accident will be my responsibility.

I understand that in case of a medical emergency, every attempt will be made to contact my designated emergency contact before medical action is taken. However, this document is my consent for emergency treatment and/or procedures necessary for my treatment by the professional staff at Western Reserve Hospital.

Learner Signature _____ **Date** _____

If minor, parental consent is required:

Parent Signature _____ **Date** _____