

## Experiential Learning Program Guidelines Signature

I have read the "Guidelines and Safety Information" and understand the contents. By signing below, I am releasing Western Reserve Hospital, its employees and agents from any and all liability arising out of or resulting from this learning experience. In case of an emergency due to illness or injury, I authorize Western Reserve Hospital to provide treatment.

I agree to maintain:

1. **Confidentiality** - As a learner or observer I must hold in strictest confidence any observations that I may make or hear regarding patients, patient's families, staff or organization.
2. **Hospital Policies and Procedures** - I will abide by the existing rules, regulations, policies, and procedures of the hospital.
3. **Personal Actions** – Based on my Experiential Learning type, my actions will be limited to approved activities only. I will not participate in any direct patient care activities unless participating in a clinical rotation with an affiliated college or school.
4. **Personal Appearance and Dress** - I will wear my identification badge provided to me by the hospital,
5. **Concerns or Questions** - I will bring any concerns or questions I may have to the attention of the hospital liaison.

Learner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_