



Experiential Learning Signature Page

Guidelines and Safety Information

By signing below, you are acknowledging that you have read the “Guidelines and Safety Information” provided on the Western Reserve Hospital Experiential Learning website and understand the contents. You are 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, you authorize Western Reserve Hospital to provide treatment.

In addition, you agree to maintain:

1. **Confidentiality** - As a learner or observer you must hold in strictest confidence any observations that you may make or hear regarding patients, patient’s families, staff or organization.
2. **Hospital Policies and Procedures** – You will abide by the existing rules, regulations, policies, and procedures of the hospital.
3. **Personal Actions** – Based on your Experiential Learning type, your actions will be limited to approved activities only. You 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** – You will wear your provided identification badge.
5. **Concerns or Questions** – You will bring any concerns or questions you may have to the attention of a Experiential Learning representative or your preceptor.

Consent and Waiver

By signing below, you are acknowledging that you are voluntarily participating in the Western Reserve Hospital Experiential Learning Program. You attest that you are 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.

Participation in the Experiential Learning Program may include observing patients in a healthcare setting and observing medical, laboratory, and/or business procedures. You are agreeing to 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 your responsibility. This document serves as your consent for emergency treatment and/or procedures required by the professional staff at Western Reserve Hospital.

Learner Signature _____

Date _____

Note: if learner is under the age of 18, parental guardian signature is required. The parental guardian will read the literature provided to their child and consents on their behalf.

Parent Signature _____

Date _____