

Metropolitan Community College-Penn Valley – HSI
PHYSICAL THERAPIST ASSISTANT PROGRAM
Clinical Experience 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 MCC-Penn Valley 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 college 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 understand that prior to participation in clinical rotations, I will be asked to have a physical examination completed. I understand that it is the responsibility of the individual student to inform the clinical instructor and program coordinator of any condition which may adversely affect patient care or the safety and health of other students in the program.

I further understand that I shall have liability insurance, (which covers malpractice) while enrolled in classes involving clinical activities. I understand that it is my responsibility to verify payment for liability insurance each clinical semester as I pay other enrollment fees.

I understand that I may be asked to submit to a drug screen administered by the facility and will be removed from patient care if positive. Further disciplinary action will be administered according to program policy.

I understand and assume responsibility for the policies, objectives, course requirements and inherent risks involved in the education of Physical Therapist Assistant students at MCC-Penn Valley-HSI.

Student

Signature

Date