

# Health Science Clinical Rotation Agreement

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Student Name (Print)

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Student ID#

I have received and reviewed all information that I was given about the *Student/Parent Agreement for Unpaid Work-Based Learning*. I agree to all of the general guidelines, and stipulations regarding the Dress Code, Code of Conduct, and Code of Ethics. I understand that if my conduct, performances, and attitude is not satisfactory, my participation in this program will be terminated.

This return packet also includes:

- Student Information Sheet
- Copy of the TB test results and verification of flu shot
- Signed *Student/Parent Agreement for Unpaid Work-based Learning Agreement*
- Signed *Confidentiality and Privacy of Patient Information* agreement.
- Signed *Consent Agreement for Student Transportation to Off Campus Sites*
- Copy of driver's license and car insurance
- \$40 HOSA Membership Fee & Membership Form

I understand that Health Care Provider CPR and First Aid will be my responsibility outside of class, **IF** I am absent or fail to successfully complete the training during the scheduled class time.

Student Signature

Date

Parent Signature

Date