

Job Shadow Commitment Statement

In consideration of the opportunity to observe the performance of medical personnel at Memorial Healthcare, I agree to the following:

1. I have reviewed the Student Handbook.
2. I understand that patients must consent to my presence.
3. I agree to maintain and protect the absolute confidentiality of the names of the patients and any other patient identifying information as well as all information related to the condition, diagnoses, and treatment of any patient.
4. I understand that Memorial Healthcare will not assume or provide any type of insurance coverage, including malpractice insurance coverage for me, while I am on hospital premises.
5. I will wear a hospital identification badge at all times, while in the hospital identifying me as an observer. I will surrender the badge to Manager/Preceptor/Education and complete a brief survey of the experience once completed.
6. I acknowledge that no assurance or representation concerning my health or safety during the period of my observation have been made to me. I understand that numerous risks to health and safety may be present in a hospital, including but not limited to exposure to infectious agents, and I voluntarily assume all risks associated with my presence in the hospital as an observer.
7. I understand that Memorial Healthcare reserves the right to terminate the clinical at any time, for any reason.
8. I have reviewed the Standards of Behavior in the Student Orientation Handbook and agree to follow the Standards to the best of my ability.
9. I understand that this is an observation only experience.

Student/Faculty Name (Print)

Date

Student/Faculty (Signature)

Parent Name (Print) Required if student is under age 18

Date

Parent (Signature) Required if student is under age 18

Date