

STUDENT ACKNOWLEDGMENT

Each student must complete this form and submit it to Susan Powell, Director of Nursing Excellence prior to beginning their educational experience at Dayton Children’s.

Affiliate/School Name: _____

Term of Education Experience: _____ to _____

I, the undersigned student, hereby acknowledge that I have read and understand the following statements. I agree to abide by and be bound by the following statements in return for Dayton Children’s Hospital (Dayton Children’s) allowing me to participate in an educational experience on its premises.

1. I will conduct my educational activities at Dayton Children’s only under the supervision of a Dayton Children’s employee or affiliated faculty member.
2. I will comply with all Dayton Children’s rules and regulations and Dayton Children’s policies and procedures.
3. I understand that Dayton Children’s reserves the right to remove any student at any time at its sole discretion.
4. I acknowledge that my responsibility and liability regarding the confidential nature of all information that I have access to at Dayton Children’s by virtue of my participation in this educational experience.
5. I understand and agree that all information obtained in the performance of my duties or role at Dayton Children’s must be held in confidence. I agree to read and abide by the Confidentiality Policy, A-11, and understand that any violation of this policy may result in termination of the professional or educational relationship with Dayton Children’s.
6. I acknowledge that I will not work as an employee during my student experience.
7. I understand that I am responsible for the cost of any medical care that I receive from Dayton Children’s for any reason.
8. I understand that I may not participate in the educational experience until I have received an orientation that includes, but is not limited to, confidentiality, fire and safety, and area specific requirements.

Participation in the educational experience is prohibited unless this statement is signed by the student.

Student Signature: _____ Date: _____

Student Print Name: _____ Student Phone #: _____

Witness Signature: _____ Date: _____