CONSENT AND RELEASE FORM

In consideration of the opportunity to voluntary participate in a learning program at UnityPoint Health – Allen/Marshalltown Hospital as part of the Job Shadowing Program, I agree to the following:

1. I certify that I am at least fourteen (14) years of age or older.

2. I understand that patients undergoing examination, procedure or treatment 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 the information relating to the condition, diagnosis, and treatment of any patient of which they become aware during the course of the job shadow.

4. I understand that this is a job shadow only experience. I agree not to provide care of any kind to any patient or to write on any patient's medical record.

5. I understand that UnityPoint Health – Allen/Marshalltown Hospital will not assume nor provide any type of insurance coverage, including malpractice insurance coverage, for me while I am on hospital premises.

6. I will wear a name tag at all times while in the hospital identifying me as a voluntary observer. I will conduct myself in a professional manner and surrender the badge to the designated office/person when the experience is completed.

7. I understand that I will, at all times, remain in the presence of the individual whom I am interviewing or observing. I will leave the patient care areas when the interview or job shadow is complete, and the hosting individual(s) leave.

8. I acknowledge that no assurance or representation concerning my health or safety during the period of my voluntary interview or job shadow experience has been made to me. I understand that numerous risks to health and safety may be present in a hospital, including but not limited to personal injury or exposure to infectious agents, and I voluntarily assume all risks associated with my presence in the hospital as an observer.

9. I understand that UnityPoint Health – Allen/Marshalltown Hospital reserves the right to terminate the voluntary interview or job shadow experience at any time.

I hereby release UnityPoint Health – Allen/Marshalltown Hospital, its parent, affiliates, and subsidiaries, its medical staff, physicians, directors, officers, employees, agents and representatives from any liability, injury or damages caused by or arising from or in connection with my presence as an observer or participant in the hospital.

By voluntarily signing, I acknowledge that I have read this Agreement and will comply with all terms and conditions stated.

Student's Name (please print) _____

Signature of Student _____

Signature of Parent/Legal guardian if under 18 years old _____

Individual Being Job Shadowed (please print) _____

Date of Signature _____

Date of Signature _____

Date of Job Shadow_____