



Agreement for Student Observation

I, _____, am requesting permission to observe in _____ (list area of interest) in a healthcare setting.

My observation experience objective includes (choose one):

- Completing as part of a job application process
- Applying to Healthcare program (University, etc.)
- Looking at a possible career in healthcare
- Desiring experience in Pediatric facility – no clinical rotations/opportunities through school
- Other _____.

I understand that my observation experience at Children's Mercy Hospital will not exceed one day in duration.

I agree to conform to all hospital policies and procedures during the time I spend at The Children's Mercy Hospital. I agree to take direction from the Hospital program director and his/her designees.

I understand that for my safety and the safety of the pediatric patients in this healthcare setting it is important for me to complete the current Observer Health Form

I understand that despite all reasonable safety precautions, healthcare environments present a risk of exposure to communicable diseases. I agree to abide by the Standard Precautions procedures. If I am pregnant or think I might be, I agree to inform the person supervising my observation BEFORE I begin my experience at The Children's Mercy Hospital.

I understand that emergency medical assistance is available if needed but that I am responsible for any related expenses and for my own health insurance.

In consideration for the opportunity to complete my experience at The Children's Mercy Hospital, I hereby release The Children's Mercy Hospital, its officers, directors, employees, and agents from any claim, damage or liability related to my experience at The Children's Mercy Hospital.

Signature of Student: _____

Date: ___/___/___