

RELEASE FORM:

- I, (print name) _____, in caring for patients during my clinical rotations and/or in classroom exercises hereby release and discharge Grayson College (GC) Employees from all liability to me for all injury, exposure, or damage arising from health risks of caring for patients during my clinical rotation, or during scheduled class or skills lab. I understand that I may be exposed to communicable diseases (including blood borne pathogens or personal injury. I am aware of the health risks for caring for such patients.
- I am aware that it is required that I meet the immunization requirements prior to my clinical rotations (if applicable) I understand that I will not be allowed to enter the clinical facility or treat patients/clients if I do not have the required immunizations.
- I consent to having my personal immunization and health records shared with the clinical sites, and understand that my academic performance in this program may be shared with any agency funding my tuition.
- I understand that pursuant to Texas HB 1508 that I may be ineligible for licensing and/or certification should I have a criminal history in my background check. I understand that should I have any questions or concerns regarding my eligibility that it is my responsibility to bring them to the attention of the GC CWL Office prior to enrolling in the course.
- I understand that I may be randomly drug tested in addition to my initial screening throughout the program. Should I fail a drug test I will be removed from clinicals. This may impact my ability to successfully complete the program.
- I have reviewed this immunization history for completeness and agree to release the required information to authorized members of the Grayson College staff and authorized staff of cooperating clinical agencies, as directed by GC throughout the duration I Grayson College.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____ (if student is under the age of 18)

Please bring to Orientation