

# Utah State Office of Education

## Clinical Experiences Consent Form

Clinical experiences are vital in the preparation of health care workers who will work with patients. This course has a required clinical experience component in which the student will observe and/or perform specific health care procedures in direct contact with patients that may include:

- personal care
- patient bathing
- bathroom assistance
- questioning patients about bodily functions
- specimen collection
- assistance with procedures such as a pap smear
- other types of personal contact between student and patient

Each high school student who participates in a course-required clinical experience must have the signature of a parent or legal guardian in order to participate in and complete the clinical experience.

I give permission for my student \_\_\_\_\_ to  
(student's name)  
participate in discussions, study, and experiences regarding personal care. I acknowledge that these are duties and responsibilities of health care providers. I also understand that if I do not consent to have my student participate in these discussions and experiences, my student may not be eligible to become licensed or certified in the program in which they are enrolled.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_