

## AFFIRMATION AND ACKNOWLEDGEMENT OF AGREEMENT FOR CLINICAL ROTATION

This document serves to affirm the understanding and agreement of the terms and conditions under which the Emergency Medical Services (EMS) students ("Mentee or Observer") will undertake their clinical rotation within University of Virginia Health Emergency Department ("UVA Health"). This agreement is set forth to ensure a comprehensive educational experience while maintaining the highest standards of patient care and confidentiality.

### I. ATTESTATION OF CRIMINAL BACKGROUND

The undersigned Mentee or Observer hereby attests to the following:

- No conviction of a crime, excluding minor parking violations.
- No history of court-ordered community service.
- No inclusion on a sex offender registry.

Should any of the above statements not hold true, you are required to send a thorough explanation via email to the Lead Instructor. The information will then be evaluated and added to the Mentee or Observer file. Such disclosures shall be treated with utmost confidentiality. It is understood that a criminal record does not automatically disqualify the Mentee or Observer from participating in the clinical rotation. UVA Health shall evaluate each case on individual merit, considering factors such as the nature and seriousness of the offense and the Mentee or Observer's age at the time of the offense.

### II. CERTIFICATION

By the act of signing, the Mentee or Observer certifies the accuracy and completeness of all information provided herein to the best of their knowledge. The Mentee or Observer acknowledges that any false representation or omission may lead to the denial of the rotation opportunity or immediate termination thereof.

### III. APPLICATION AND

#### AGREEMENT Section 1:

##### A. Application

Mentee or Observer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date(s) Requested: \_\_\_\_\_  
(Print Full Name)

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The Mentee or Observer adheres to the conditions outlined in the subsequent Agreement section.

##### B. Parental-Permission

Because of the responsibilities placed on an EMS provider, the State of Virginia requires that anyone who has not reached the Age of Majority (under 18 years of age) must have permission from their parent or legal guardian to become certified as an EMS provider in Virginia. The individual must be at least sixteen (16) years of age before the course starts to enroll in an EMS program, including participating in the Clinical Rotations. Individual under the age of 18 must fill the Parental Consent and Liability Statement for EMT Student Clinical Rotation, and the parents/guardians must sign the form. See the reverse of this page.

#### Section 2: Agreement

##### A. Mentee or Observer Responsibilities

The Mentee or Observer agrees to:

- Follow all directives from the UVA Health representatives or their designee.
- Adhere to the dress code and policies of UVA Health.
- Uphold patient privacy and confidentiality in accordance with HIPAA regulations.
- Understand that this experience does not constitute employment or academic credit.
- Complete all required training modules and health screenings as mandated by UVA Health Policy 210 and the Hospital Epidemiologist.

##### B. Lead Instructor Responsibilities

The Lead Instructor commits to:

- Ensuring the Mentee or Observer are informed about and comply with patient privacy and infection control policies.
- Providing necessary instruction on hand hygiene and standard precautions.
- Facilitating the Mentee or Observer's access to UVA Health facilities and resources, ensuring the student is easily identifiable in their school uniform.
- Verifying the Mentee or Observer's compliance with health screenings and vaccination requirements.

**Signature Statement (Student)**

By signing below, both the Mentee, Observer, and Lead Instructor affirm that the information provided in the application is accurate and that they have read, understand, and agree to adhere to the responsibilities outlined in this Agreement.

Mentee or Observer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

This document affirms the agreement between the Mentee, Observer, Lead Instructor, and UVA Health, underlining the mutual responsibility to ensure a productive and respectful learning environment. Both parties pledge to uphold the standards and policies of UVA Health, with a primary focus on patient safety, privacy, and the educational objectives of the clinical rotation.

**Parental Consent and Liability Statement for EMT Student Clinical Rotation**

Student Print Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Print Full Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

**Consent and Acknowledgment**

I, the undersigned parent or legal guardian of the above-named student, hereby give my full consent for my child to participate in the Clinical Rotation as part of the Emergency Medical Technician (EMT) training program. I acknowledge that I have been fully informed of the nature of the Clinical Rotation, including the physical and mental demands it may place on my child.

**Assumption of Risk**

I understand that the Clinical Rotation involves activities that may pose risks, including, but not limited to, physical exertion, exposure to infectious diseases, and interaction with patients in various medical conditions. I acknowledge that these risks may be inherent and unavoidable. By allowing my child to participate, I voluntarily assume all risks, both known and unknown, associated with the Clinical Rotation.

**Release of Liability**

In consideration of my child's participation in the Clinical Rotation, I, on behalf of myself, my child, and our respective heirs, executors, administrators, and assigns, hereby release, waive, discharge, and hold harmless UVA Prehospital, UVA Health, its officers, board members, agents, faculty, employees, and any private persons or organizations volunteering services in connection with the Clinical Rotation. This release includes, but is not limited to, any and all claims or liabilities for personal injury, property damage, court costs, attorneys' fees, and interest, whether arising from the negligence of those released or otherwise, that may accrue as a result of my child's participation in the Clinical Rotation.

**Emergency Contact Information**

Print Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Acknowledgment of Understanding**

I have read this Parental Consent and Liability Statement in its entirety, and I fully understand and agreed with its terms. I understand that by signing this document, I am waiving certain legal rights that my child or I may have against the parties mentioned above. I acknowledge that I am signing this agreement voluntarily and with full knowledge of its significance.

Signature of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Print Full Name: \_\_\_\_\_

Date: \_\_\_\_\_