

Student Observation Statement

I, the undersigned Visitor, acknowledge that I have reviewed the information given to me regarding the expectations for the observational experience that I am requesting as a sponsored activity at St. Louis Children's Hospital. As part of the expectations I agree to keep confidential all patient medical information. I also agree not to reveal to any person or persons, except authorized clinical staff and associated personnel, any specific information regarding any patient including patient name or nature of care rendered.

Dated this _____ day of _____, 20____.

Visitor Signature

Printed Name

For students less than 18 years of age, parent/legal guardian signature is required. Signature indicates that student has reviewed and understands the expectations for the observational experience.

Parent/Legal Guardian Signature

Printed Name

Relationship

As the sponsor and supervisor for the above-referenced Visitor, I understand and acknowledge that the best efforts are used to maintain the confidentiality of patient information in compliance with St. Louis Children's Hospital privacy policies.

Christina Patrick, MSN, RN, CPN
Clinical Education Specialist
St. Louis Children's Hospital