Parent/Guardian Consent for Observational Experience

Observer's Name: _____

Observer's Phone Number: _____

Purpose of Observation Experience: _____

_____

I. PERMISSION:

I_____ (student's parent or guardian), hereby give my permission for

_____ (observer participant; hereinafter "Student") to participate in the observation. I understand that participation will allow the Student to "shadow" employees within the hospital(s) and/or off site departments. This experience is designed to be observational though may involve exposure to health risks such as contact with patients and body fluids. In consideration for participation of the Student in the program and the education and information which the Student will receive, I hereby release, indemnify and hold harmless Community Hospital of Indiana, its employees, officers, and agents from any and all liability arising out of or resulting from the Student's participation.

_____	_____	_____
Signatures: Parent or Legal Guardian of Student (If observer is not emancipated)	Observer	Date