

**CHILDREN'S MERCY
AGREEMENT FOR STUDENT OBSERVATION WITH NURSING**

I, _____, am requesting permission to observe in _____ (list area of interest) in a healthcare setting, on _____ (date of experience).

My observation experience objective includes (choose one):

- Completing as part of a job application process
- Applying to Healthcare program (University, etc.)
- Looking at a possible career in healthcare
- Desiring experience in Pediatric facility-no clinical rotations/opportunities through school
- Other _____

I understand that my observation experience at Children's Mercy will not exceed 8 hours in duration (maximum of two 4-hr observation experiences allowed/year maximum, to be determined by educator).

I agree to conform to all hospital policies and procedures during the time I spend at Children's Mercy. I agree to take direction from the Hospital program director and his/her designees.

I understand that for my safety and the safety of the pediatric patients in this healthcare setting it is important for me to complete the following health history information. I must provide documentation of the following:

Chickenpox (Varicella): Two varicella vaccines, at least 28 days apart, ___/___/___ and ___/___/___.
Or serological proof of immunity (positive varicella IGG titers) ___/___/___.

MMR: Two MMR vaccinations at least 28 days apart ___/___/___ and ___/___/___.
Or serological proof of immunity (positive IGG titers for each) ___/___/___.

TB skin test or blood assay titer test (QFT or T-Spot) within last 12 months ___/___/___ result: _____

Tetanus/diphtheria/acellular pertussis-(Tdap)-adult formulation-Adacel or Boostrix (administered after 2005)
___/___/___

Hepatitis B vaccinations: #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ completed on or titer ___/___/___ (or documented waiver)

Influenza- proof of vaccination during the flu season (as defined by the facility) completed on ___/___/___

I understand that despite all reasonable safety precautions, healthcare environments present a risk of exposure to communicable diseases. I agree to abide by the Standard Precautions procedures. If I am pregnant or think I might be, I agree to inform the person supervising my participation/observation BEFORE I begin my experience at Children's Mercy.

I understand that emergency medical assistance is available if needed but that I am responsible for any related expenses and for my own health insurance.

In consideration for the opportunity to complete my experience at Children's Mercy, I hereby release Children's Mercy, its officers, directors, employees, and agents from any claim, damage or liability related to my experience at Children's Mercy.

Signature of Student _____ ___/___/___

Emergency Contact phone number: () _____ - _____