

Novel Coronavirus (COVID-19): Informed Student Consent

This consent must be read in full and signed by the student opting to continue with clinical, internship or placement.

Student Name:					
Student Number:					
Academic Program:					
Host Institution/Employer for Clinical, Internship or Placement:					
learni with t stude place nor re	ng at hosp hose other nts may be s the healtl	itals, healthcare forganizations. As exposed to a great and safety of our of that students of the students.	programs, St. Clair College provides acilities, and other community agenci s part of that applied or clinical learnicater risk of the Coronavirus (COVIDer students at the forefront and is, the continue with placement at organizati	res/sites by partnering ng environment, -19). St. Clair College refore, neither insisting	
1.		ie, St. Clair Colle who choose to do	ge is allowing students to continue in so.	placement for those	
2.		Students who choose to continue with placement acknowledge that they are fully appreciative of the potential health risk of doing so.			
3.	The student opting to continue with placement understands and acknowledges that they forever release and discharge St. Clair College, its Board and staff from any liability that is attributable to attending placement, including but not limited to exposure to Coronavirus.				
4.	4. The student acknowledges and warrants he or she has read all parts of this agreement and fully understands its terms.				
Signe	ed this	_day of	, 2020, at	, Ontario.	
Signa	ture of Stu	dent:			
Signa	ture of Wit	ness:			
Printed Name of Witness:					