



HSWBLP - Waiver & Confidentiality/Conduct Agreement

As a High School Work Based Learning Program Participant,

1. My participation is purely for the opportunity to explore healthcare occupations and is without contemplation of compensation or future employment.
2. I shall be punctual and conscientious; conduct myself with dignity; be courteous and considerate of others.
3. I understand that it will be expected of me to commit to the provided schedule for the duration of the program; I understand that my attendance each day is crucial to the overall learning experience being offered by Kadlec.
4. I shall make my best effort to fulfill my commitment to the HSWBLP by completing all assigned rotations in a professional manner.
5. I understand that as a healthcare facility, infection control is of primary importance. I will follow the KRMC guidelines for infection control. I will also follow proper hand washing procedures while in this facility.
6. I shall hold all information that I may obtain directly or indirectly concerning patients, doctors or personnel absolutely confidential and not seek to obtain confidential information from patients or staff. I understand that if I am found to have violated the KRMC confidentiality guidelines, I will be subject to disciplinary action or dismissal from the program.
7. I shall attempt to resolve any problems related to my HSWBLP participation with either Michael Hood or my School representative.
8. I understand that KRMC reserves the right to terminate my HSWBLP participation because of 1.) failure to comply with all pertinent guidelines, rules and regulations; 2.) unsatisfactory attitude, behavior, or appearance; 3.) any other circumstances that, in the judgment of the HSWBLP Directors, would be contrary to my best interests or that of KRMC.
9. I grant KRMC the right to take and publish photographs of any activities in connection with the HSWBLP program, for any lawful purpose, in publications, advertising, and web content. I understand that I may be included in these photographs.

_____ **Initial here** to decline to have your photos used in any such publication. **(Please initial only if you decline)**

IMPORTANT SAFETY INFORMATION:

- For your safety, the safety of other participants and Kadlec caregivers and patients, all HSWBLP participants are strongly encouraged to have completed a COVID-19 vaccine series prior to HSWBLP. To learn more about COVID-19 vaccines click [here](#).
- In the event of a major injury or accident while at KRMC, the student will be taken to the Kadlec Emergency department for assessment, evaluation and treatment as needed. The parent/legal guardian will be notified as soon as the patient arrives at the Emergency Dept. The parent/legal guardian is responsible for any expenses incurred because of the Emergency Department visit.

By my signature, I certify that I have been informed of and understand my responsibilities as outlined above. I have read and agree to be bound by the conditions contained in this agreement:

Student Signature	Print Student Name	Date
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Parent/Guardian Signature	Print Parent/Guardian Name	Date
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Parent/Guardian Phone: Home: _____ Work: _____ Cell: _____

Home Address: _____

Student's School: _____ **Location:** _____

Emergency Contact: _____ **Phone:** _____

Emergency Health Information (special conditions, allergies, food allergies or other medical health concerns):

Health Insurance: _____ **Subscriber:** _____

Subscriber ID #: _____ **Group #:** _____