

EXHIBIT A

List all programs you wish to have a rotation in our facilities:

Clay High School

Middleburg High School

Clay County Adult & Community Education

EXHIBIT B

ADDENDUM TO CLINICAL EDUCATIONAL AFFILIATION AGREEMENT

INFORMED CONSENT / LIABILITY WAIVER

As a student enrolled in a health-related program (“Program”) at Clay County Adult and Community Education, Clay High School, Middleburg High School or Oakleaf High School/The School Board of Clay County (“School”), I understand that the required clinical experience in a health care facility may expose me to environmental hazards and infectious diseases including, but not limited to, Tuberculosis, Hepatitis B and HIV (AIDS).

Neither School nor Pavilion for Health Care (“Facility”), or any of its officers, directors, employees, affiliated, agents, or other representatives (collectively, “Representatives”) assumes liability if a student is injured or exposed to infectious disease at Facility during assigned clinical experiences. As a student, I understand that I am responsible for the cost of health care for any personal injury/illness that occurs during my education. *Students must purchase their own health insurance.*

Every Student is required to carry professional liability insurance while enrolled in clinical courses.

Each student is also responsible for adhering to the policies and procedures of the Program as well as the policies and procedures of Facility.

My signature on this form confirms that I understand and assume responsibility for the inherent risks involved in being a student in the Program at School and Facility, and for adhering to the above policies.

Participant Printed Name: _____

Parent/Guardian Name and Signature:

Printed Name: _____

Signature: _____

ACKNOWLEDGED BY:

School: _____

Printed Name: _____

Signature: _____

Title: _____