



Broward Community College

Limited Access Programs

Informed Consent

Name _____

Program _____

I understand that as a clinical student, I may be exposed to environmental hazards and infectious diseases including, but not limited to, tuberculosis, hepatitis B and HIV (AIDS) while in a clinical facility.

Neither Broward Community College nor any of the clinical facilities used for clinical practice assumes liability if a student is injured on the campus or in the clinical facility/practicum during training unless the injury is a direct result of negligence by the college or clinical facility.

I understand that I am responsible for the cost of health care for any personal injury I may suffer during my education. I understand that I should purchase private health insurance.

I further understand that I shall have liability insurance (which covers malpractice) while enrolled in classes involving clinical activities. This insurance fee is automatically included each year when I enroll in a clinical course.

I understand and assume responsibility for the policies, objectives, course requirements and inherent risks involved in the education of Health Science students at Broward Community College.

Student Signature _____ Date _____

Parent Signature (if under 18 years) _____ Date _____