



**UConn Student Educational Experience Acknowledgment Form (“Acknowledgment”)**

Before choosing to participate in an educational experience at UConn Health, I was made aware of the risks of participating in the experience including, but not limited to, exposure to various instruments, devices, equipment, machinery malfunction, furnishing, pharmaceuticals, chemicals as well as blood and body fluids and other potentially infectious materials, radioactivity, fire, explosion, slip and fall, crush injury, electric shock. I further understand that such exposure can cause serious illness, bodily injury, death, property damage or other risks that may not be foreseeable.

I understand that I am not required to participate in this experience, but that I want to do so, despite the possible dangers and risks.

I acknowledge that I will be responsible for my own health care and agree to maintain health insurance for the duration of the experience.

I acknowledge that this experience will require travel and understand and agree that I am solely responsible for my own transportation to and from the experience and accept all risks associated with travel, including but not limited to, transportation delays, fare changes, missed connections, injuries (including death), losses, weather, or other circumstances beyond the control of the University.

I acknowledge that this experience will require that I am current with immunizations and am in good health and free of any communicable disease (i.e. two measles and mumps immunizations, MMR, if born on or after January 1, 1957 – one vaccine after 1980; current immunization for rubella or an immune laboratory titer; a TB Skin Test, PPD, not more than one year old, or documentation of treatment and resolution of active or latent TB or documentation of a negative chest x-ray after a positive PPD; current varicella titer or verbal history of varicella/chickenpox; completion of a Hepatitis B vaccination series; adult Tdap; and up to date influenza immunization.) By signing this Acknowledgment, I verify that I am current with immunizations, am in good health and free of any communicable disease.

I acknowledge and agree to follow all UConn Health policies and procedures during and, when applicable, after my experience.

I have read this entire Acknowledgment, I fully understand it and I agree to be legally bound by it.

**Participant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant’s Name:** \_\_\_\_\_

*If Participant is under 18 years old:*

**Parent/Guardian’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian’s Name:** \_\_\_\_\_

*By printing and signing my name, I attest that I am the parent and/or legal guardian of the participant, that I am authorized to act on behalf of and legally bind the participant and that the signature or agreement of another parent/guardian is not required. I have also read the Acknowledgment and consent to the above statements.*

*Internal Use Only*

Date(s) of UConn Health Experience: \_\_\_\_\_

UConn Health Host Signature: \_\_\_\_\_

UConn Health Host Title: \_\_\_\_\_

**Please note:** The hosting department will maintain this individual's record for a minimum of 5 years from date of termination, in accordance with the state of Connecticut's record retention policy.

Revised: 12/20