

## **Boston Reed College Medical Training Programs**

### **Assumption of Risk for Invasive Procedures**

Students of Boston Reed Medical Training Programs are required to learn and practice skills and procedures prior to performing them on patients in the clinical setting. The undersigned agrees that he/she understands that students practice these skills on each other and this activity may be accompanied by potential dangers as identified below:

- I understand and acknowledge that as a part of the training program, I will be required to learn skills necessary for practice in the clinical setting.
- I understand that these skills may include fingersticks and injections for Clinical Medical Assistant and Vocational Nurse Training and fingersticks and venipuncture for Phlebotomy Training.
- I understand that students will practice these invasive procedures on each other.
- I understand that, prior to the skill practice, students will receive instruction from the Boston Reed instructors regarding the skills to be practiced including information on safety and the potential dangers inherent in such procedures.
- I understand and acknowledge that such activities by their very nature can be very dangerous and involve the risk of serious injury/illness and/or death.
- I understand that the risk of injury/illness may include, but is not limited to blood-borne pathogen infections, phlebitis, thrombophlebitis, septicemia, hemorrhage, tissue sloughing, nerve damage and loss of limb.
- I understand that I may be subject to drug screening during the course.

I agree to assume liability and responsibility for any and all potential risks, which may be associated with participation in such educational activities. Moreover, I understand and agree that I will indemnify and hold harmless Boston Reed, its Board of Directors, Instructors, Employees, the \_\_\_\_\_ Adult School and that other students shall not be held liable for injury or illness which is incidental to or associated with the preparation for and the participation in these learning activities and which may be sustained by me.

Date: \_\_\_\_\_ Class Location: \_\_\_\_\_

Student's Printed Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_