

ACKNOWLEDGMENT OF RISK AND CONSENT FOR TREATMENT**Department of Human Services and Rehabilitation****Name of Student (please print)** _____

Acknowledgement of Risk. I acknowledge that there are certain risks inherent in my participation in a practicum/internship, including, but not limited to risks arising from:

- Driving to and from a practicum/internship site, or while in the course of practicum/internship activities;
- Unpredictable or violent behavior of certain client populations served by a practicum/internship site;
- Exposure to infectious diseases, including tuberculosis or other airborne pathogens, and hepatitis, HIV or other bloodborne pathogens; and
- Liability claims arising out of my negligent acts or omissions.

I acknowledge that all risks cannot be prevented and could result in my bodily injury and/or illness, up to and including death, or my liability to others, and I agree to assume those risks beyond those arising from the negligence of WWU faculty and staff. I agree that it is my responsibility to understand and follow WWU Policies; Human Services Program Practicum and Internship Guide; Practicum/Internship Site's policies and procedures designed to identify and control risks (including but not limited to safety, health and security procedures and bloodborne pathogen policies); and other guiding documents that have been provided to me. I agree to obtain any immunizations which WWU or a Practicum/Internship Site may recommend or require. I represent that I am otherwise capable, with or without accommodation, to participate in this practicum/internship.

I acknowledge that WWU does not provide me with health, accident, dental or life insurance to cover injury, illness or death or liability insurance for claims arising out of my negligent acts or omissions. The only exception is that for which I have purchased and maintained under WWU's student health insurance plan and student medical malpractice insurance program, which are options that have been offered to me.

Consent for Treatment. Should I require emergency medical or dental treatment as a result of accident or illness arising during a practicum/internship, I consent to such treatment. I will notify my Practicum/Internship Field Instructor if I have medical conditions about which emergency personnel should be informed.

I have read and understand this Acknowledgment of Risk and Consent for Treatment.

Signature of Student _____**Date** _____

(Must be age 18 or older)

- To request accommodations for this practicum/internship, please contact WWU dis/Ability Resources the quarter prior to the Practicum II placement by calling (360) 650-3083 or (360) 650-3725 (TTY).
- To purchase student health insurance coverage, please call the Student Health Center at (360) 650-7352.
- To purchase student medical malpractice insurance, please call Risk Management at (360) 650-3065.
- For WWU immunization requirements, please call the Student Health Center at (360) 650-3400.