

**NEOSHO COUNTY COMMUNITY COLLEGE
MARY GRIMES SCHOOL OF NURSING**

Nursing Program Release Form Policy

Certain risks and dangers to students' physical, psychological and/or emotional well-being may occur while actively enrolled in the nursing program. Such risks are common during such a program. In participating in the nursing program the student assumes all risks and will be required to sign a release form releasing NCCC and its clinical institutions from any and all liabilities, actions, causes of action, debts, claims and demands of any kind and nature whatsoever which may arise in connection with the nursing program.

**NEOSHO COUNTY COMMUNITY COLLEGE
MARY GRIMES SCHOOL OF NURSING**

Nursing Program Release Form

I am aware that during the nursing program, certain risks and dangers to my physical, psychological, and/or emotional well-being may occur, including but not limited to, accidents and illness. I am aware and understand that said risks are common in and a part of said program; and I fully acknowledge my awareness of those risks and dangers which may include but are not limited to being exposed to patients who may have AIDS, Herpes, Hepatitis, COVID-19, COVID variants and other infectious diseases.

I understand that partnering clinical agencies hold mandatory, no alternative exceptions for Mary Grimes School of Nursing (MGSON) to provide the most current documents to support background information screening to the facility in which the student is assigned a clinical rotation. This information includes, but not limited to: background screening, drug testing, immunization records, healthcare required vaccines, yearly physical evaluation, and CPR certification. MGSON obtain this information through a web-based computer program. I understand I cannot attend the clinical portion of the program if I do not complete this information by the due dates. I understand that it is my responsibility to maintain and update these records as required. I consent to release this information so that I may complete the clinical component of the program.

In considering the right to participate in the nursing program, I have and do hereby assume all the above mentioned risks and will hold Neosho County Community College, its agents, servants, employees, volunteers, faculty, staff, students, insurers, Board of Trustees and its members, and affiliated clinical institutions harmless from any or all liabilities, actions, causes of actions, debts, claims, and demands of any kind and nature whatsoever I now have or which may arise in connection with this program and/or any course which is a part thereof. The terms hereof shall serve as a release and an assumption of risk and shall be binding upon my heirs, executors, and administrators and all members of my family, including any minors.

Signature _____ Date _____

I have read and agree to follow the policies outlined in the Student Nurse Handbook as adopted by the Board of Trustees.

Signature _____ Date _____

Print Name _____

Please Note: No student will be allowed to participate in the nursing program until a signed copy of this document is on file in the nursing department.