



Course Description:

Clinical Internship is a capstone course and work-based learning experience designed to provide students with real-world application of skills and knowledge obtained in a prerequisite Health Science course. Prior to beginning work at a clinical site, students will be certified in **Basic Life Support (BLS), Cardiopulmonary Resuscitation (CPR)** while in class, and deemed competent in basic first aid, body mechanics, Standard Precaution guidelines, and confidentiality. Beginning first day of class, students will be given information on how to obtain their **Two step TB skin test** that is required for Saint Francis Hospital. Clinical Internship is an unpaid work experience class and students who successfully complete it will earn 1.0 credits. Students must stay at their Work-Based Learning site for one hour once they have checked in with their supervisor (this means you will be there past traditional school hours).

Note: Student to teacher ratio for this course is 15:1 in a clinical setting.

Work-Based Learning Framework:

Clinical experiences must comply with the Work-Based Learning Framework guidelines established in SBE High School Policy 2.103. The TDOE provides a *Personalized Learning Plan* template to ensure compliance with the Work-Based Learning Framework, state and federal Child Labor laws, and Tennessee Department of Education policies, which must be used for students participating in WBL opportunities.

Student Qualifications (in order to be admitted in to the class):

- 1.) Must be a senior;
- 2.) Must have a cumulative GPA of 3.0 or higher;
- 3.) Must have completed Health Science Education and one of the following: Diagnostic Medicine or Medical Therapeutics with a 3.0 or higher;
- 4.) Must have had NO MORE THAN 10 absences during the junior year;
- 5.) Must have had ZERO ISS/OSS during the junior year;
- 6.) Must provide their own transportation. Carpooling is NOT allowed.

Clinical Internship Portfolio:

A requirement for completing a Clinical Internship is the completion of a portfolio. A portfolio is a collection or sample of one's work. Throughout the school year you will be required to complete a variety of assignments that deal with both your preparation for entering into the professional world and your time spent at your clinical site.

This project will be your EOC for this course. Seniors (regardless of grades and attendance) ARE NOT exempt from this project. It is strongly recommended you backup all of your work and save it electronically in addition to submitting your physical portfolio.

End of Course (EOC) Exam Components:

- 1.) **Resume and Cover Letter:** You must submit a complete and updated resume with a cover letter. This component must be typed, printed, and placed in your Portfolio binder.
- 2.) **Subjective Objective Assessment Plan (S.O.A.P.):** You must select a patient case study during your internship to complete a detailed Subjective Objective Assessment Plan paper. The paper must be 3 pages in length, typed in Times New Roman font, and double-spaced using MLA format. You must abide by HIPAA when typing this paper. You also must properly cite your sources and have a Works Cited page.

- 3). **Clinical Site Presentation:** Using Google Slides, Microsoft PowerPoint, or Prezi, you must complete a detailed presentation on your clinical site. Your presentation must be a minimum of 10 slides and **MUST** contain the following information: History of Site, Description of Site, Careers at Site, Equipment Used at Site, and Medical Procedures Performed at Site. You are required to have images of your site and a Works Cited slide in addition to the 10-slide requirement.

- 4). **Binder Presentation:** You must submit your completed portfolio in a 3-ring binder with dividers labeling each component. Points will be awarded based on the overall presentation and organization of the binder. Sheet protectors are strongly recommended.

- 5). **Clinical Internship Daily and Weekly Logs/Reflections/Interview:** You must submit ALL of your daily and weekly clinical logs in order by date. All logs must be complete with the date and time (using military time) AND THEY MUST BE SIGNED BY PROFESSIONALS FROM YOUR SITE.

Application Deadline:

Friday before Spring Break to Mrs. Moore or Mrs. Williams



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Application Deadline:
Friday before Spring Break to Mrs. Moore or Mrs. Williams



Full Name (Last, First, Middle Initial): _____ Grade: _____

E-Mail Address: _____ Cell Phone: _____

Please list all Health Science (Health Science Education, Human Anatomy and Physiology, Diagnostic Medicine, Medical Therapeutics) classes that you have completed and grade in each:

Have you ever been involved in a disciplinary action? YES NO

Clinical Internship Essay

In addition to completing the basic Clinical Internship application, students are required to compose an essay and submit it as part of their application.

Requirements:

- Two typed pages
- MLA format
- 12-point Times New Roman font

Answer the following questions:

1. Why do you wish to take the Clinical Internship class?
2. Do you think this class would benefit you? How?
3. What medical careers are you considering? Why?
4. What colleges/universities are you considering? Why?
5. Do you have family members or friends who work in a career related to medicine?

I am applying for a position in the Clinical Internship course and I understand the expectations and requirements of the course.

Student's Signature Date

Parent's Signature Date

Application Deadline:
Friday before Spring Break to Mrs. Moore or Mrs. Williams



Full Name (Last, First, Middle Initial): _____ Grade: _____

In Clinical Internship, students will be observing and working with healthcare professionals in a wide variety of fields while representing Bartlett High School. Eligibility for a clinical intern is based on their excellence in attendance/tardiness, discipline record, scholastic success, and teacher recommendations. The above student is applying for this opportunity. This recommendation is part of the application process.

Recommendation from CURRENT SCIENCE Teacher

Please check the appropriate space and return to Mrs. Moore or Mrs. Williams’s mailbox or in room A204 by the Friday before Spring Break. Please rate the student (5=Excellent and 1=Poor) for each section below:

Personal Characteristics:

Relates well with others, shows respect, and is cooperative with students and instructors.

5 4 3 2 1 Comments: _____

Dependability:

Demonstrates regular attendance, punctuality, and adherence to schedules and deadlines.

5 4 3 2 1 Comments: _____

Work Attitude:

Demonstrates willingness to learn, is willing to accept and profit from evaluation, enthusiastic, and takes pride in work.

5 4 3 2 1 Comments: _____

Communication:

Demonstrates appropriate listening, speaking and non-verbal skills, and communicates effectively with teachers, students and others.

5 4 3 2 1 Comments: _____

Please list the students strengths and weaknesses below:

Teacher’s Signature/Date: _____



Full Name (Last, First, Middle Initial): _____ Grade: _____

In Clinical Internship, students will be observing and working with healthcare professionals in a wide variety of fields while representing Bartlett High School. Eligibility for a clinical intern is based on their excellence in attendance/tardiness, discipline record, scholastic success, and teacher recommendations. The above student is applying for this opportunity. This recommendation is part of the application process.

Recommendation from CURRENT Teacher (any Subject)

Please check the appropriate space and return to Mrs. Moore or Mrs. Williams’s mailbox or in room A204 by the Friday before Spring Break. Please rate the student (5=Excellent and 1=Poor) for each section below:

Personal Characteristics:

Relates well with others, shows respect, and is cooperative with students and instructors.

5 4 3 2 1 Comments: _____

Dependability:

Demonstrates regular attendance, punctuality, and adherence to schedules and deadlines.

5 4 3 2 1 Comments: _____

Work Attitude:

Demonstrates willingness to learn, is willing to accept and profit from evaluation, enthusiastic, and takes pride in work.

5 4 3 2 1 Comments: _____

Communication:

Demonstrates appropriate listening, speaking and non-verbal skills, and communicates effectively with teachers, students and others.

5 4 3 2 1 Comments: _____

Please list the students strengths and weaknesses below:

Teacher’s Signature/Date: _____

Work-Based Learning Student Driving Guidelines & Agreement

This agreement outlines the student's responsibilities and privilege of being able to drive to and from work-based learning activities and sites such as job shadows, employer visits, interviews, job sites, training sites and other activities.

Student's Name: _____

It is to be understood by all parties:

That driving is a privilege, the student guidelines / responsibilities listed below must be agreed to, and this form and the student's schedule must be completed and on file with the appropriate school personnel before the work-based learning activity takes place.

1. That the student will be driving to and from his/her work-based learning activity site only.
2. The student will drive to and from work-based learning activities alone.
3. The student will drive at legal speeds and in a safe and normal manner.
4. The student will leave the school with reasonable time to get to the scheduled work-based learning activity site.
5. The student will not use, possess, transport, or be under the influence of alcohol or other mind-altering substances while engaging in Clinical Internship activities. Such activities include, but are not limited to, travel to or from the assigned work site and during any work-based learning activities.
6. The student must be a licensed driver.
7. It is the responsibility of the student and her/his family to ensure the student is covered by automobile insurance, and that he/she will only drive a properly insured, inspected, and registered vehicle.

Initial on the following line to verify compliance:

____ Attach a copy of the student's driver's license

____ Attach a copy of the student's automobile insurance card. If insurance card will expire during the internship, an updated card must be provided.

ACKNOWLEDGEMENT OF PERSONAL LIABILITY, IDEMNIFICATION, and WAIVER

I understand that any infractions of these rules will result in the loss of driving privileges and possible withdrawal from the work-based learning activity.

I also understand that work-based learning may expose my child to site-specific risks. I recognize the risk of illness and/or injury inherent in any work-based learning program, especially the inherent hazards associated with the medical field. In consideration for my child's participation in Clinical Internship activities, I hereby agree to assume all risks and responsibilities related thereto. I am permitting my student's participation upon the express agreement and understanding that I do for myself and my child agree to accept full responsibility for all expenses for any illness, injury, or damage, whether known or unknown, that might occur due to my child's participation in Clinical Internship activities.

By signing this form, I hereby indemnify, hold harmless, and release Bartlett City Schools, its Board, its Board members, administrators, directors, officers, teachers, employees, agents, assigns, and volunteers ("released parties") from and against any and all claims, rights, demands, actions, complaints, suits, or other forms of liability that may arise out of or relate to my child's participation in Clinical Internship activities referenced and described herein. This includes, but is not limited to, (a) alleged failures to comply with local, state, and federal laws and District policies, procedures, and the Code of Conduct; and (b) alleged damage or injury arising out of or related to my child's operation of a motor vehicle in relation to Clinical Internship activities. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

I confirm I have carefully read and understand this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child or I am a student 18 years or older.

Student's Signature

Date

Parent's Signature

Date

Clinical Internship Medical Requirements - Due with Application

Students wishing to enroll in the Clinical Internship must provide the following as part of their original application.

1. **Immunization Record.**
2. **Exposure Control Plan.** Read in its entirety.
3. **Communicable Disease Statement & Waiver of Liability.** This must be completed, notarized, and signed by student and parent.

Clinical Internship Medical Requirements - Due 1st Day of School

Students enrolled in Clinical Internship must provide the following to Guidance by the first day of the school year. Failure to do so will result in dismissal from the class.

1. **Proof of Current Health Insurance.** If insurance card will expire during the internship, an updated card will need to be provided.
2. **Proof of HBV** (Hepatitis B vaccination 3 shot series). If student is/was unable to have the HBV series, documentation from a physician will be needed.
3. **Current Physical.** This **MUST** be completed after May 15th of the current school year. A sports physical is acceptable.

I have read and understand the **Exposure Plan**. I understand I am responsible for providing the above documentation when indicated. I understand that failure to do so will result in dismissal from the class.

Student's Signature

Date

Parent's Signature

Date

Bartlett City Schools Medical Release

This form is used to record parental permission for medical and surgical treatment in case medical emergencies arise during the Clinical Internship.

We, the undersigned as the parents and legal guardians of _____
Print Student's Name

hereby grant to the Bartlett City Board of Education, Bartlett City Schools, its employees and agents the authority to seek medical care for our child during Clinical Internship activities. We further consent to any and all emergency medical and surgical treatments, including anesthesia and operations which may be deemed medically necessary by any qualified physician selected by agents or officials of the Bartlett City Board of Education. The intention thereof is to grant authority to administer and perform all and singularly any emergency examinations, treatments, anesthetic, operations, and procedures which may now or during the course of the patient's emergency care, be deemed medically necessary by any qualified physician. Witness of our consent and agreement to the matters stated above, we have subscribed our signatures below.

Parent/Guardian Signature Date Parent/Guardian Signature Date

Statement of Witness, County of _____

Subscribed and Sworn to before me, a Notary Public, this _____ day of _____, 20 _____

My commission expires _____
Notary Signature

Medical Insurance Company: _____ Policy #: _____

If not covered by medical insurance, please check box.

Student's Address: _____

Student's Phone: _____ Date of Birth: _____

Father: _____ Home Phone: _____

Business: _____ Business Phone: _____

Mother: _____ Home Phone: _____

Business: _____ Business Phone: _____

Family Physician's Name: _____ Phone: _____

Address: _____

Allergies or Special Conditions: _____

Exposure Plan

The changing nature of Health Science and Technology Education and Health Occupations Students of America created by technological and socio-economic factors has increased the demand for qualified and caring health care workers.

Health Science and Technology and Health Occupations Students of America comprises the body of related subject matter and planned experiences designed to impart knowledge and develop the understanding and skills required to support the health care professions.

Instruction is organized to prepare students for post-secondary education, or an occupation concerned with assisting qualified personnel in providing diagnostic, therapeutic, preventative, restorative and rehabilitative services in the classroom and through shadowing and/or clinical experiences in a health care facility.

Enrollment in courses in Health Science and Technology Education and/or Health Occupations Students of America can result in exposure to hazards that would be present in a health care facility where students receive training and shadowing or clinical experiences.

Included among the hazards are needles, chemicals, contaminants (which may be toxic or caustic), and risk of exposure to various infectious agents from patients who are in a health care facility. Each student in Health Science and Technology Education and/or Health Occupations Students of America must exercise a responsibility for minimizing the risk of all exposures relating to the patients, other students, employees of the health care facility, and themselves. This Exposure Control Plan has been developed as a tool to be used for achieving this goal.

Standard Precautions:

Standard Precautions is an approach to infection control. According to the concept of Standard Precautions, all human blood and certain body fluids (blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva (in dental procedures), and any unfixed human tissue or organ) are treated as if known to be infectious for Hepatitis B virus (HBV), Human Immunodeficiency virus (HIV), and other blood-borne pathogens. Standard Precautions must be adhered to at all times.

Student Training:

Training sessions for all students in Health Science and Technology Education and/or Health Occupations Students of America are conducted at the beginning of each course. Standard Precautions and OSHA Blood-borne Pathogen Standards are taught. Competencies are measured by a written test. Tests are kept in each student's permanent file. Safety is also a part of the education session taught by each teacher and/or representative of the health care facility and/or Department of Labor. Each student is provided with a copy of Standard Precautions and OSHA Blood-borne Pathogen Standards. This Exposure Control Plan is reviewed annually and a copy is on file in the Career and Technology Education Central Office and the Health Science and Technology Education teacher's office. All training must be documented before clinical contact, whether it be at the health care facility or in the classroom.

Barrier Techniques:

These rules are to be followed at all times during clinical contact, whether in the classroom or in a health care facility. **PERSONAL PROTECTIVE EQUIPMENT** includes: gloves, masks, face shields, eye protection (goggles or glasses with side shields), mouth pieces, resuscitation bags, pocket masks (or other ventilation devices), gowns, aprons, and laboratory coats (or similar clothing if it does not permit blood or other potentially infectious material to pass through to or reach the student's work clothes). **WORK PRACTICE CONTROLS** will be used and are defined as "changing the way a task is performed." Gloves will be changed whenever one reasonably anticipates hand contact with blood, body fluids, or any other potentially infectious materials, including saliva. Gloves must be replaced after each use and/or patient contact or immediately if torn or punctured. Gloves may not be washed for reuse. Gowns and/or

laboratory coats and student uniforms must be changed daily at the end of the clinical or shadowing experience, or earlier if visibly soiled. They are to be changed immediately if contaminated or penetrated by blood or other potentially infectious materials or body fluids. Masks and protective eyewear are required for all procedures that might result in exposure to the eyes, nose, or mouth by blood or other infectious materials, including by splash, spray, or splatter. A face shield may be substituted for masks and eyewear. Side shields are to be worn on all eyewear and must be solid, as opposed to perforated. Personal protective clothing and equipment must be removed before entering eating areas or before going outside of the health care facility. Students must wash their hands (using HOSA HANDWASHING GUIDELINES) immediately after removal of gloves or other personal protective clothing or equipment. Any body area that has contact with blood, body fluids, or other potentially infectious materials must be washed immediately after contact.

Regulated Waste:

A contaminated sharp is any contaminated object that can penetrate the skin, including, but not limited to, needles, scalpels, or broken glass. Contaminated sharps must be placed in an assigned, labeled, puncture resistant, leak proof container. Other regulated waste are items saturated or dripping with human blood or body fluid. This type of waste must be placed in red garbage containers labeled as a biohazard and lined with red garbage bags. The health care facility will designate the correct method of disposal of regulated waste.

Laundry:

CONTAMINATED LAUNDRY must be disposed of according to the health care facility's Exposure Control Plan. All Standard Precautions must be observed when making unoccupied and occupied beds, changing patient clothing, giving bed baths, assisting with tub baths or showers, giving back rubs, administering oral hygiene, shampooing a patient's hair, or assisting with feeding a patient. All laundry used in the above procedures must be disposed of using the health care facilities Exposure Control Plan.

Hepatitis B Vaccination:

Health Science and Technology and Health Occupations Students of America students should be encouraged to begin a Hepatitis B vaccination series (or be asked to sign a declination form) prior to any experience that would potentially expose students to blood-borne pathogens. It is recommended students sign a communicable disease statement and waiver of liability form. These forms will become a part of the student's permanent record. Any forms (declination of Hepatitis B vaccine or waiver of liability) affecting students who are minors must have a parent or legal guardian notarized signature.

Post-Exposure and Follow Up:

Post-exposure evaluation and follow-up is a process designed to evaluate a student's health following an exposure incident. An exposure incident is defined as "a specific occupational incident involving eye, mouth, mucous membrane, non-intact skin, or parenteral contact with blood or other body fluids." Each local Health Science and Technology Education teacher will be responsible for documentation, recommending examination, and counseling of students, parents and other individuals involved. Students and/or parents are responsible for any costs incurred by post-exposure follow-up.

Record Keeping:

The Health Science and Technology Education teacher and Health Occupations Students of America advisor will be responsible for documentation of all students who are in clinical, shadowing, or cooperative education programs, and any other activities that involving clinical contact (this includes CPR and First Aid training). A list (Work-Based Learning Summary Sheet) of students who will have clinical contact will be filed in the Career and Technical Education Central Office and any other office directed by the local education agency. The clinical, shadowing, and cooperative education evaluations will be filed following each clinical experience and will be kept on file for a minimum of five years.

General Rules:

Students who are in clinical areas should not keep food or drink in work areas with exposure potential. Students should not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in any work area.

Communicable Disease Statement & Waiver of Liability

During your course of study in Health Science and Technology/Health Occupations Students of America, you may come in contact with patients who have communicable diseases, including AIDS and Hepatitis. You may also be exposed to blood or other potentially infectious materials.

You will be taught current information concerning communicable diseases, their transmission, and Standard Precautions to be used while caring for all patients or handling potentially infectious materials. You will be expected to assume the responsibility for using Standard Precautions to minimize the risk of disease transmission. Failure to adhere to safety procedures may result in your dismissal from the Health Science and Technology Education Program.

I have read and understand the above statement and understand I may be caring for patients with communicable diseases and may be exposed to potentially infectious materials.

My signature verifies I understand the following:

1. An explanation of the epidemiology, modes of transmission, and symptoms of blood-borne pathogens.
2. An explanation of the health care facility and classroom's Exposure Plan. I have a copy of the Exposure Plan and understand it fully.
3. A discussion of tasks that may include exposure to blood and body fluids, and methods to reduce exposure through the use of engineering controls, work practices, and personal protective equipment.
4. Information on the types, proper use, location, removal, handling, Decontamination, and disposal of personal protective equipment.
5. Information on the Hepatitis B vaccine, including its efficacy, safety, method of administration, benefits of vaccination, and how to obtain the vaccination.
6. Information explaining post-exposure evaluation and medical follow-up following an exposure incident.
7. An explanation of signs/labels and color-coding used to designate hazards in the classroom and health care facilities.

I have been given the opportunity to ask questions. I understand that compliance with safety and training requirements is mandatory and failure to comply may result in removal from the Health Science and Technology Education/Health Occupations Students of America program. I assume the risk of and financial responsibility for infection inherent to the Health Science and Technology Education training I have chosen.

In addition, I hereby release Bartlett City Board of Education, the Health Science teacher and /or Health Occupations Students of America advisor, the clinical affiliates and their administrators from any and all liability resulting from my exposure to blood, body fluids, or any other potentially infectious materials.

_____	_____
Student's Signature	Date

_____	_____
Parent's Signature	Date

Statement of Witness, County of _____

Subscribed and Sworn to before me, a Notary Public, this _____ **day of** _____ **, 20** _____

My commission expires _____

Notary Signature

Confidentiality Agreement

Student Name

As part of my clinical rotation, I may come into contact with patient information that must not be shared with any other person, including family members, classmates, and/or my instructor. I understand the importance of maintaining this confidentiality and agree to abide by the confidentiality rules of the agency in which I am placed for clinical internship.

By my signature below, I acknowledge that if I breach the confidentiality rules of any agency to which I am assigned, I will be removed from that agency immediately and I will receive an “F” in the course. I understand I may be subject to legal action which could result in my, or my parent/guardian, having to pay a fine. I may also be prohibited from attending a post-secondary school in the health care area.

Student’s Signature

Date

Parent’s Signature

Date

UNDERSTANDING OF CONSEQUENCES

By my signature below, I acknowledge that in the event I am terminated from my Work-Based Learning (clinical internship/co-operative education) site by the affiliating agency for participating in activities that violate school rules or the rules of that site, I will receive an “F” in all Work-Based Learning related courses. I understand this penalty also applies in the event I am employed independently at that site and the misbehavior occurs during non-Work-Based Learning time. I understand that Bartlett City Schools will not assign me to another Work-Based Learning site if I have been terminated from a previous site for participating in activities that violate school rules or the rules of that site. In the event of a termination that is not a result of misbehavior or violation of school or Work-Based Learning site rules, I will not receive an “F” and the Bartlett City Schools will make reasonable efforts to place me in another clinical site.

Student’s Signature

Date

By my signature below, I acknowledge I have read and understand the *Confidentiality Agreement* and *Understanding of Consequences* paragraphs above.

Parent’s Signature

Date

Waiver of Student Insurance

I hereby give permission for my child, _____, to participate in Bartlett High School's Clinical Internship.

Please check one of the following:

_____ I will purchase the student medical malpractice/liability insurance through Bartlett High School for my son/daughter. I understand that the cost is \$15 per student. This insurance covers liability associated with wrongful practices resulting in bodily injury, medical expenses and property damage, as well as the cost of defending lawsuits related to such claims that may occur while my child is participating in Clinical Internship at each assigned training site.

_____ I understand that I/we, the parent/guardian will be totally responsible for all medical/hospitalization bills relating to any illness, injury, or damage occurring while my child is participating in Clinical Internship at each assigned training site. Bartlett City Schools and the clinical training sites do not assume any legal liability for any illness, damage of injury which may result from a student's participation in practicum course experiences.

Student's Signature

Date

Parent's Signature

Date

Clinical Experience Contract

I give my permission for my son/daughter, _____, to participate in the scheduled clinical experiences which are a part of the Health Science Education curriculum offered by Bartlett City Schools from now until he/she completes the program.

Parent/Guardian Initials: _____

I understand the Clinical Internship is an optional course.

Parent/Guardian Initials: _____

I understand the Clinical Internship does not earn college credit toward a degree in Health Science Education.

Parent/Guardian Initials: _____

I acknowledge and understand that I have full responsibility for the conduct of my son/daughter during these experiences. I will not hold the clinical affiliate or Bartlett City Schools responsible for any accident, injury, or other problem which might occur during or as a result of these experiences.

Parent/Guardian Initials: _____

I understand that during my son's/daughter's clinical internship he/she may be exposed to infectious material and may be at risk of acquiring Hepatitis B virus (HBV), a serious liver disease. I have been given the information necessary to decide whether or not to have my son/daughter vaccinated with the HBV vaccine at my expense. I understand my son/daughter can receive the HBV vaccine at the Shelby County Public Health Department or from my private physician. If I choose not to have my son/daughter vaccinated with the HBV vaccine, I understand I assume all responsibility for the cost of treatment associated with HBV exposure as a result of his/her clinical internship duties.

I agree to HBV vaccination at own expense for son/daughter.

Parent/Guardian Initials: _____

I decline HBV vaccination for son/daughter.

Parent/Guardian Initials: _____

I agree to provide transportation for my son/daughter to and from his/her assigned Work-Based Learning site. In accordance with Bartlett City Schools policy, I understand that if my child chooses to drive to the clinical site, no other student will be allowed in the vehicle to or from the Work-Based Learning site.

Parent/Guardian Initials: _____

Parent's Signature

Date