
PARENT / GUARDIAN CONSENT TO TREAT MINOR

Utah Law requires the consent of the parent/legal guardian for medical care of minors. If your son/daughter/dependent is enrolled at Utah Tech University prior to his/her eighteenth birthday and you want them to receive services at the UT Health & Wellness Center, you must first complete and return the following consent form to:

Utah Tech University Booth Wellness Center
1037 East 100 South
St. George Utah, 84770

or Fax to: (435) 652.7757

Consent for Treatment

I, _____ am the parent/legal guardian of _____,

Please Print Name

Students Name

Male/Female, DOB _____, Student ID # _____
mm/dd/yyyy

I authorize UT Booth Wellness Center to provide medical and or mental health services to my son/daughter/dependent, including, but not limited to diagnostic examinations (including radiological and laboratory testing), tuberculosis screening, verification and or administration of immunizations and necessary medical treatment (including minor surgical procedures) and mental health counseling.

I authorize UT Booth Wellness Center to prescribe or dispense non-controlled substances/medications should my son/daughter/dependent need such non-controlled substances/medications to treat their ailment.

I understand that, should my minor child need more invasive diagnostic or surgical procedures, attempts will be made to contact me before such care is initiated.

I understand that UT Booth Wellness Center will transport my son/daughter/dependent for all emergency care service and is not responsible for any such care or expense that arise from such emergency care.

I further understand, that once my son/daughter/dependent reaches the age of majority, my consent for treatment is no longer required.

By signing this I acknowledge that I have read and understand this consent and that any questions I have prior to signing could be answered by contacting the UT Health & Counseling Center.

My contact information is:

Phone number _____ Email _____

Signature

Date

Utah State Office of Education

Clinical Experiences Consent Form

Clinical experiences are vital in the preparation of health care workers who will work with patients. This course has a required clinical experience component in which the student will observe and/or perform specific health care procedures in direct contact with patients that may include:

- personal care
- patient bathing
- bathroom assistance
- questioning patients about bodily functions
- specimen collection
- assistance with procedures such as a pap smear
- other types of personal contact between student and patient

Each underage student who participates in a course-required clinical experience must have the signature of a parent or legal guardian in order to participate in and complete the clinical experience.

I give permission for my student _____ to
(student's name)

participate in discussions, study, and experiences regarding personal care. I acknowledge that these are duties and responsibilities of health care providers. I also understand that if I do not consent to have my student participate in these discussions and experiences, my student may not be eligible to become licensed or certified in the program in which they are enrolled.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____



Utah State Board of Education

Parent/Guardian Consent Form Sex Education Instruction

Date of Planned Instruction: _____

Name of Student: _____
Course: CNA Course (NURS 1005/1007) Program Director: Jen Harrington, MS, RN, DNPc

School: Utah Tech University Telephone Number: 435.879.4830 (THSC)
435.652.7914 (HEC)

Dear Parents/Guardian:

As part of your child's education, he/she has enrolled in a course that includes instruction on topics related to sex education. You are receiving this consent form because instruction and/or discussion of sex education topics are controlled by state law and Utah State Board of Education rule. Please read the form carefully, select **one option**, sign, and return to the teacher above. Your student will not be allowed to participate in class activities without this completed and signed form on file. Thank you.

Information

All instruction related to human sexuality or sexual activity will take place within the context of Utah State Law (53G-10-402) and Utah State Board of Education rule (R277-474) as follows:

- The public schools will teach sexual abstinence before marriage and fidelity after marriage.
- There will be prior parental consent before teaching any aspect of contraception or condoms.
- Students will learn about communicable diseases, including those transmitted sexually, and HIV/AIDS.

Program materials and guest speakers supporting instruction on these topics have been reviewed and approved by the local district or charter curriculum materials review committee.

The following are NOT approved by the State Board of Education for instruction and may not be taught:

- The intricacies of intercourse, sexual stimulation, or erotic behavior;
- The advocacy of premarital or extramarital sexual activity;
- The advocacy or encouragement of the use of contraceptive methods or devices.

In accordance with Utah State Board of Education Rule R277-474-7-4, teachers may answer spontaneous student questions to provide accurate data, correct inaccurate or misleading information, or respond to comments made by students in class regarding human sexuality.

Curriculum for this course includes instruction or discussion about the topics checked below. Pre-checked items are required for instruction in health education 53G-10-402 (*For Teacher Use Only*):

- | | |
|--|--|
| <input checked="" type="checkbox"/> sexual abstinence | <input checked="" type="checkbox"/> childbirth |
| <input checked="" type="checkbox"/> human sexuality | <input checked="" type="checkbox"/> parenthood |
| <input checked="" type="checkbox"/> human reproduction | <input checked="" type="checkbox"/> contraception |
| <input checked="" type="checkbox"/> reproductive anatomy | <input checked="" type="checkbox"/> HIV and AIDS (including modes of transmission) |
| <input checked="" type="checkbox"/> physiology | <input checked="" type="checkbox"/> sexually transmitted diseases |
| <input checked="" type="checkbox"/> pregnancy | <input checked="" type="checkbox"/> refusal skills |
| <input checked="" type="checkbox"/> marriage | |

Factual, unbiased information about contraception may be presented as part of this course only if the box above is checked. Demonstrations on how to use contraceptive means, methods, or devices are **prohibited**.

Options: Please read and check only one of the following:

Name of Student: _____

Option 1

I grant permission for my child to participate in the discussions as described above.

Option 2

I grant permission for my child to participate in the discussions as described above, with the exception of _____ . I understand that my child will receive an alternative assignment of equal value and will not attend the regularly scheduled class on the day of this instruction. I understand my child will be provided a safe, supervised place within the school during this class. It will be his/her responsibility to report to the pre-arranged location, check in with the teacher or supervisor, and submit the completed assignment to the appropriate person.

Option 3

Prior to deciding, I will contact you at the school within the next two weeks to arrange a time to discuss the planned curriculum and review the materials

Option 4

I DENY permission for my child to participate in any of the discussions as checked in the box above. I understand my child is not involved in the exempted portion of the curriculum, he/she will instead be provided a safe, supervised place within the school during the class, and will receive an alternate assignment related to other elements of the course.

This consent form must be sent to parents not less than two weeks prior to instruction of the identified topics. Under state law, your child cannot participate in the scheduled instructional activity specified above unless and until this signed letter of permission is returned to the teacher identified on this form. Signed forms will be kept on file at the school for a minimum of one year.

Please sign and return form to verify you reviewed it and have chosen one option from the preceding list.

Parent/Guardian Signature: _____

Phone Number: _____

Date: _____



STUDENT CONTRACT FOR CNA Clinical Rotations

This contract is to be strictly observed at all times during your clinical shifts. Failure to maintain clinical standards will result in disciplinary measures and termination from the program may be necessary.

In the healthcare profession, there has evolved a system of ethics that is observed and practiced by all persons on the medical team.

1. I will make it my responsibility to know, understand, and keep within the guidelines of the CNA Scope of Practice in order to assure the health and wellbeing of each patient.

The people with whom you deal with have different illnesses, some of which may be contagious and transmitted through a variety of different routes. In order to protect myself, patients, and others from the spread of illness I know that:

2. It is my responsibility to understand and practice Standard Precautions to prevent the spread of infection.
3. It is my responsibility to understand and practice Isolation Precautions when in contact with patients who require this level of infectious control.

Invariably our patients/residents are in different stages of ill health, which creates in each of them a different outlook. They may become anxious, nervous, and quite often impatient. The afflicted require the best use of our technical human-relations skills.

4. I will make every effort to be courteous, efficient, and accurate when interacting with patients.

Patients/residents will often gain confidence in us and share their innermost thoughts. We also come to know a great deal about a patient's condition from hearing reports and reading charts. I understand that discussing the following with other students, other patients, friends, or family is in direct violation of the "Sacred Trust of CONFIDENTIALITY".

5. I will uphold the patient's "RIGHT TO PRIVACY" by not sharing:
 - A. A confidence
 - B. A disease
 - C. A diagnosis
 - D. A family history
 - E. A treatment
 - F. Any patient's personal information

Students must complete all required clinical hours in order to qualify for the state exam.

6. I will notify my instructor prior to any tardy or absence.
7. Absences must be made up before the end of the semester.
8. I will not leave the clinical area without checking with clinical instructor and only in an emergency.
9. I understand I am responsible for my own transportation.

The following may result in possible termination from the program. Serious negative behaviors include, but are not limited to conduct such as:

1. Repeated incidents of disruptive or non-productive behavior.
2. Overt disrespect for school authorities and staff members.
3. Direct or willful disobedience of school or clinical rules or policies.
4. Use of vulgarity or profanity.
5. Possession, use, or being under the influence of a controlled substance, or possession or use of tobacco or alcohol.
6. Safe school violations including fighting or possession of a weapon or dangerous item.
7. Theft or destruction of property.
8. Any incident of cheating may result in immediate termination from the program.
9. Using a cell phone or any electronic device in the clinical facility for unauthorized purposes may result in student being removed from clinical site. The student will not be allowed to finish the clinical shift and will be terminated from the program as per HIPAA regulations for resident privacy.

PROGRAM DIRECTOR AVAILABILITY

Please feel free to contact me with any questions or concerns that you may have. I may be with students but please leave a message or email me. Thank you again.

Jennifer J. Harrington, MS, RN, DNPC

CNA Program Director

Assistant Professor, Nursing

Utah Tech University, College of Health Sciences

435.879.4830 (THSC); 435.652.7914 (HEC); 435.632.7928 (C)

jen.harrington@utahtech.edu

*****PLEASE SIGN THE ATTACHED FORM AND RETURN
PRIOR TO 1st CLINICAL SHIFT*****



STUDENT CONTRACT FOR CNA Clinical Rotations

We have read, understand, and agree to abide by the student contract and clinical requirements for CNA students of Utah Tech University.

Student Name _____ Digital ID _____

Student Signature _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Cell Number _____

HOLD HARMLESS AGREEMENT

As a parent/guardian of _____, I have read, understand and agree to assume full legal and financial responsibility of my student for the Utah Tech University CNA Program. I recognize that hazards exist that can injure my student traveling to and from clinical/school. I agree to hold harmless Utah Tech University, any high school, administrators, CTE coordinators, counselors, teachers, clinical instructors, and other personnel that are involved with the release of my student for the CNA program. As a parent/guardian of the above-named student, I will provide necessary transportation to and from all clinical sites.

Print Name of parent/guardian

Signature of parent/guardian