

Indiana State University
College of Health and Human Services
Department of Baccalaureate Nursing
Student Practice with Capillary Blood Collection for Screening Purposes
Release Form

I, _____, agree to release and hold Indiana State University harmless in the unlikely event that I should encounter a physical or psychological incident resulting from my participation in practicing capillary blood collection for screening purposes on another person or when practiced on me under the supervision of an instructor.

I understand and expressly acknowledge that these activities might, under some circumstances about which I have been advised, pose certain dangers, including, but not limited to, contact with blood-borne pathogens (i.e., exposure to such diseases as AIDS and Hepatitis), dizziness or fainting at the site of blood, and therefore, may involve the risk of serious injury or death.

I understand that practicing capillary blood collection on another person is not a class requirement. I further understand that allowing classmates to practice capillary blood collection on my hands is not a class requirement and that receiving a screening using capillary blood collection from a classmate will be on a strictly volunteer basis.

I understand that I will be apprised of the results of any screening tests performed on the sample I provide, and that I will not share the results of any screening tests that I perform with anyone other than the individual sampled or the instructor. I further understand that the screening results will not be maintained by ISU.

I hereby release, waive, discharge and covenant not to sue Indiana State University, its officers, agents, servants, employees, assigns, or successors, or students of Indiana State University nursing program, from any and all liability, claims, demands, actions or causes of action arising out of any damage, loss or injury to my person or my property or resulting in my death, while participating in Student Practice with Capillary Blood Collection for Screening Purposes whether such loss, damage, or injury is caused by the negligence of Indiana State University, its officers, agents, servants, employees, assigns, or successors, or students of Indiana State University nursing program or from some other cause.

I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY

Signature _____

Date _____

Witness _____

Date _____