



**NORTHLAND COMMUNITY & TECHNICAL COLLEGE**

**Student Statement of Understanding and Release  
Health and Human Services Program**

I, \_\_\_\_\_ (Print Name), am a student at Northland Community & Technical College who is enrolled in a health and human services program.

I acknowledge that I have been informed of the following and that I understand the following:

1. That the health and human services program I have enrolled in may involve exposure to human body fluids and cell and tissue cultures that may carry infections that may include, but are not limited to HIV (Human Immunodeficiency Virus), Hepatitis B (HBV) and Hepatitis C Virus (HCV).
2. That exposure to infectious blood and other body fluids and cultures by contact through eye, mouth, blood, non-intact skin, or other method may put me at risk of contracting a bloodborne infection.
3. That to protect myself from exposure to blood and other body fluid and cultures, I will wear protective apparel according to OSHA (occupational Safety and Health Administration) standards and comply with applicable policies of the College and any hospital or clinical affiliate that I am attending.
4. That if I should become exposed by eye, mouth, blood, non-intact skin, or other method to blood or other human fluids or cultures, I will immediately report such incident to the program instructor or clinical affiliate supervisor.
5. That if such exposure should occur, I hereby authorize the College or the clinical affiliate to administer such immediate first aid as is deemed appropriate until medical help can be obtained.
6. That I hereby release and hold harmless Northland Community & Technical College, its employees, officers, agents, and representatives, including all hospital and clinical affiliates, from any liability for any and all injury, illness, disability, or death, including all costs for medical care, resulting from my exposure to infectious blood or other human fluids or cultures or the administration of emergency first aid after such exposure, during the course of my participation in the health division program, whether caused by the negligence of the College or otherwise, except that which is the result of gross negligence or wanton misconduct by the College.

Student Name \_\_\_\_\_ Major \_\_\_\_\_

(Please Print)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Star ID/ Student ID \_\_\_\_\_

*Revised 06/13/17 js*