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College of Nursing

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Simulation Supply/Equipment Check-Out Agreement

I, _____, agree to the responsibility of the care and safe return of the following equipment. I agree to be responsible for expenses to replace the item should there be above and beyond normal wear and tear on the item. I agree that if I do not return the item by the agreed upon return date I will not be allowed to check out any items from the CSLC until the item is returned. I understand that my grades may be withheld until equipment is returned. I also understand that the CON reserves the right to recall any equipment if it is needed for teaching purposes.

Simulation supply/equipment description:

UK ID #: _____

Due date for return: _____

Actual return date: _____

(Signature)

(Date)

Printed Name: _____