

STUDENT RIDER

As a University of Kentucky College of Nursing student y participating in off-site clinical or observational education experiences, **you may be subject to the following:**

1. Be responsible for providing medical insurance or other financial means to pay expenses which may arise as the result of injury or illness occasioned during the period of clinical/observation.
2. Acknowledge that neither the facility nor the University of Kentucky assumes any liability for injuries or illness, which may arise during the period of clinical/observation at the facility, in the absence of a showing of actual negligence on the part of the entities or any of their agents, officers, or employees.
3. Have the following inoculations which are required of University of Kentucky students and show proof of inoculations: MMR and Hepatitis B. Proof of a current negative TB skin test is also required.
4. Understand that students are not employees of the University of Kentucky or the facility and are not covered by Workman's Compensation and/or Unemployment Compensation.
5. Be responsible for the completion of health forms and other administrative requirements of the facility.
6. Be responsible for all personal transportation and housing during the clinical/observation.
7. Be subject to the health care policies and code of conduct of the facility.
8. Provide appropriate uniforms which may be required and dress appropriately, according to facility and clinical/observation dress codes at all times.
9. Be permitted time off for facility holidays.
10. Be responsible for notifying facility of the intended time of arrival and reporting to the designated individual in the facility.
11. Daily schedule will be at the discretion of the preceptor and/or facility.
12. Facility drug/alcohol policies which may include urine/blood screening to assess for the presence of drugs/alcohol.
13. The community-based faculty member/institution may be provided with relevant information concerning your academic and professional development in conjunction with your assignment.
14. _____

I have read the provisions listed above and agree to be bound by these provisions in exchange for participation in the clinical or observational education experience at the facility.

Printed Name of Student

WITNESS:

Signature of Student/Program

Date