

UNIVERSITY OF LOUISVILLE SCHOOL OF NURSING
STUDENT CONSENT AND RELEASE

I, _____, hereby acknowledge receipt of and confirm my understanding of the University of Louisville School of Nursing Clinical Compliance Requirements (the “Requirements”).

By signing below, I voluntarily consent and agree:

1. to complete and to remain in compliance with the Requirements at all times during my matriculation at the School of Nursing;
2. to submit to a urine drug screening or other testing required by the School in accordance with the Requirements;
3. to submit to a criminal background check as required by the School in accordance with the Requirements;
4. to submit to the immunizations required for health professional students, as required by the School in accordance with the Requirements;
5. to permit the designated testing site or entity to release and disclose the results of such drug testing and criminal background checks to the School, or its designee, for use according to the Requirements;
6. to permit the School to release and disclose to any clinical placement site(s) to which I am assigned as a part of my clinical education, for use in accordance with the Requirements and/or an affiliation agreement between the School and the clinical placement site:
 - (i) the results of such drug testing and criminal background checks;
 - (ii) immunization documentation; and
 - (iii) any such records which may evidence, and/or may be required to verify, my compliance with the Requirements. These records may include, but are not limited to, my student education records as defined in the Family Education Rights and Privacy Act of 1974 (FERPA).

I further hereby release and agree to indemnify the School, its directors, officers, employees, agents or other representatives acting in accordance with the Requirements from any and all claims, causes of action, damages, liabilities or settlements arising out of or related to the Requirements and my student-status. This release shall survive termination or expiration of this consent and release.

Except as otherwise stated above or unless revoked in a writing delivered to the School of Nursing Dean or his/her designee, I understand that this consent and release shall remain valid during my matriculation at the University of Louisville.

STUDENT:
Signature: _____
Print Name: _____
Date: _____

WITNESS:
Signature: _____
Print Name: _____
Date: _____