



Nursing 55 Release Authorization

The undersigned have enrolled as a student in NURS 55, *Fundamentals of Nursing* course at Chabot College Nursing Program, Hayward, CA. The undersigned understands that it is highly recommended that each participant in this class perform injections and skin punctures on classmates. The undersigned can thus expect to perform invasive procedures on other classmates and to have these classmates perform these invasive procedures on the undersigned. Prior to performing these procedures, each class member will have received information on injection therapy and skin punctures, including the potential dangers inherent in such procedures. The undersigned understands that all reasonable care and precautions will be taken by the instructor, other participants in the course, and the undersigned in practicing and demonstrating the above stated procedures. Accordingly, the undersigned does hereby:

1. Consent to the application of injections and skin punctures to the undersigned by other participants in this course;
2. Agree to release from all liability **Chabot College** and each of its employees for any and all acts performed in good faith and without malice in connection with the performance of injection and finger puncture techniques to the undersigned; and
3. Agree to release from all liability all other participants in the *Fundamentals of Nursing* course for any and all acts performed in good faith and without malice in connection with the performance of injection and finger puncture techniques to the undersigned.
4. Pictures may be taken throughout the program. I agree to allow my picture to be used for program promotional purposes; brochures, posted to web page or bulletin boards.

The undersigned has read the foregoing provisions, understands them, and agrees that they shall become terms and conditions under which the undersigned will be provided the opportunity to participate in the injection and skin puncture component of the *Fundamentals of Nursing* course, and to perform injections and skin punctures.

Student Signature	Student Name (PRINT)	Date
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If for any reason you do not wish to participate in this aspect of the program please contact the program director to an appointment to discuss.

I will contact the nursing program director to discuss this selection prior to the first day of class. I respectfully decline to participate in application of injections and/or skin punctures. I understand that this will not affect my progress in the Nursing Program.

Student Signature	Student Name (PRINT)	Date
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