

Acknowledgement of Responsibility

In signing this document, I am verifying my full knowledge and understanding of my responsibility within the CSU CI Nursing Program as it pertains to required obligations, illness & injury, and accidents while performing any service as a CSU CI student.

I know that I am responsible for maintaining health insurance throughout the program in order to have coverage in the case of an injury or accident, as it is stated in the Student Handbook. If I am involved in an incident, I am solely responsible for covering the cost of my care, any follow up related to said incident, and agree to assume all risks related to gathering experience.

I also understand that if an incident occurs while at a clinical location, I am held to the policies and procedures of the facility and that my first responsibility is to notify my instructor of any occurrence in a timely manner. If I am found in violation of any CSU CI Nursing policy or procedure, while the incident took place, I may face disciplinary action.

Health Insurance Provider/Company

Student Name (print)

Student Signature

Date