

TRINITY VALLEY COMMUNITY COLLEGE

**TVCC Continuing and Workforce Education
Medical Insurance/Personal Financial Liability Release Form**

Students in the Medical/Nursing Assistant Program are responsible for their own medical costs incurred from injury, exposure to contagious diseases or other situations that cause need for their own medical attention.

Clinical facilities, clinical externship sites, medical facilities businesses and groups allowing TVCC students to participate in field trips, observational experiences, and/or other medical teaching/learning experiences, may provide access to acute emergency care in the event of an accident or injury to a student. It is the decision of the student to accept or reject such emergency care. It is the responsibility of the student to pay any cost associated with this type medical treatment.

By signing this form I acknowledge that the college and/or any facility or group providing clinical opportunities, observation experiences or other teaching/learning experiences for students will not be held liable or accountable for my medical costs.

Age of student: _____ (If under age 18, must be signed by legal guardian)

Printed Student Name TVIN #

Signature of Student Date: _____

Signature of Legal Guardian for minor age students Date: _____