

# Health Science Technology Education Paid Work-Based Learning Education

## Confidentiality Statement

The undersigned hereby acknowledges his/her responsibility under applicable federal law and the Agreement between \_\_\_\_\_ Independent School District and the \_\_\_\_\_ to keep confidential any information regarding patients/clients, as well as any information regarding the \_\_\_\_\_. The undersigned agrees, under penalty of law, not to reveal to any person or persons except authorized staff and associated personnel any specific information regarding any patient/client, and agrees not to reveal to any third party any confidential information of \_\_\_\_\_.

## Statement of Responsibility

For and in consideration of the benefits provided the undersigned in the form of experience in evaluation of patients/clients of \_\_\_\_\_, the undersigned, his/her heirs, successors and/or assigns does hereby covenant and agree to be solely responsible for any injury or loss sustained by the undersigned while participating in the paid work-based learning education program of the \_\_\_\_\_ independent School District at \_\_\_\_\_ unless such injury or loss arises solely out of \_\_\_\_\_'s gross negligence or willful misconduct.

Dated this \_\_\_\_\_-day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date