

# Health Science Technology Education Student/Parent Agreement for Unpaid Work-Based Learning

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Student Name (Print)

Social Security #

I, \_\_\_\_\_, agree to abide by the following rules and regulations during unpaid work-based learning /classroom experiences and all other class-related activities:

1. Complete all required course work during unpaid work-based learning experience.
2. Provide reliable transportation to/from unpaid work-based learning areas **or** The school bus waits for no one!
3. Be punctual for all classes and clinical experiences.
4. Notify the unpaid work-based learning supervisor and my instructor immediately if I am tardy or absent. The school policy on tardiness will apply.(After 10 minutes, a tardy is considered an absence.) Unpaid work-based learning experience cannot be made up, therefore absences and tardies will affect my unpaid work-based learning grade.
5. I understand that my unpaid work-based learning experiences are a part of the educational program and I may not receive any type of compensation.
6. I will make it my responsibility to know, understand, and adhere to the guidelines and procedures of each unpaid work-based learning site. I will be courteous, efficient, and accurate in all the tasks to which I am assigned in order to protect the patient, health care team, and myself.
7. I understand that I will be evaluated during each unpaid work-based learning rotation by the clinical staff. I will be open to the constructive evaluation process so that I may develop positive professional traits and behaviors. Because the evaluation is a unpaid work-based learning grade, any concerns regarding the evaluation process will be discussed with my instructor. The clinical staff members are not to be contacted by students or parents at any time.
8. I understand that I may not go to any unpaid work-based learning training facility except during the specified unpaid work-based learning times without prior approval from my instructor.
9. I agree to the following **DRESS CODE**:

- a. I will wear the required uniform specified by the unpaid work-based learning program to ALL clinical facilities.  
The uniform is to be clean, neatly pressed, and appropriately worn during clinical activities.
  - b. I will wear my nametag at ALL unpaid work-based learning times, and will promptly replace any lost or damaged tag. I understand for liability reasons that I may not participate in unpaid work-based learning if I do not have the student nametag worn appropriately.
  - c. White shoes and white hose/socks must be worn with the uniform.
  - d. I will wear no other jewelry except a watch with a second hand.
  - e. Hair will be of collar length or shorter, or neatly pulled back and secured. I understand that extreme hairstyles are not acceptable.
  - f. I will practice good personal hygiene, wear NO perfumes/cologne, moderate cosmetics.
  - g. I will not eat, drink, chew gum, or smoke while at the unpaid work-based learning site.
  - h. I will keep my nails clean, neatly trimmed and manicured.
10. I agree to the following **CODE OF CONDUCT**:
- a. I will comply with any instruction from the unpaid work-based learning supervisor immediately and without question while at the clinical setting.
  - b. I will not visit other units, nor will I leave the unit to which I am assigned unless authorized.
  - c. I will not discuss my private life while in the presence of patients.
  - d. Illnesses and conditions I have observed will not be discussed with or in the presence of patients.
  - e. I will respect and properly care for all equipment and unpaid work-based learning supplies.
  - f. I will not make personal telephone calls, nor answer the telephone in clinical areas unless so instructed.
  - g. I will observe strict infection control measures and will follow all facility safety rules.
11. I agree to the following **CODE OF ETHICS**:
- a. I will keep all patient information confidential. I will not discuss patient information with others at home, in school, or anywhere outside the facility.

- b. I will respect the rights of my peers and health professionals. I will conduct myself in a professional manner that reflects loyalty to the clinical facility.
  - c. I will perform ONLY those procedures for which I have been trained and am legally permitted to do.
  - d. I will treat all patients equally regardless of race, religion, social or economic status, sex and nationality. I will provide care for all individuals to the best of my ability.
  - e. I will be honest and trustworthy with equipment, money, and time. I will report all errors immediately to my supervisor or instructor, and NEVER hide or fail to report any mistakes.
  - f. I will maintain a professional attitude at all times. I realize that my behavior and appearance is a reflection on me, my school, and the Health Science Program.
12. I understand that if my conduct, performance, and attitude is not satisfactory, my participation in this program will be terminated.

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Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date