



POLK STATE COLLEGE

Respiratory Care Program

Student Release Form

I, _____, release Polk State College from any responsibility for procedures performed on myself or other individuals in the learning process of respiratory care skills.

I understand that it is required to practice these skills on individuals in the classroom/laboratory and that I must have developed these skills by successfully demonstrating competency during “check-offs” and laboratory exams, before assuming these responsibilities in the clinic.

I release Polk State College from any responsibility for any harm incurred, should something happen during “unsupervised” practice of respiratory care skills.

Signature

Date