

## RCU Student Agreement of Responsibility

Southlake Regional Health Centre (Southlake) has a contractual affiliation agreement with your educational institution that governs student placements at this hospital. In addition, there are specific student responsibilities that the hospital requires you be aware of and in agreement with prior to the beginning of your placement. Please review and sign this form to indicate agreement and accountability to the following student responsibilities.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ & Phone #: \_\_\_\_\_

Educational Institution: \_\_\_\_\_

Area of Placement: \_\_\_\_\_

Placement Start Date: \_\_\_\_\_ Placement Stop Date: \_\_\_\_\_

Name of Southlake Instructor/Supervisor/Preceptor: \_\_\_\_\_

Proof of Immunity and Vulnerable Sector Screening (Police Check):

- I have completed Immunity and Vulnerable Sector Screening as a requirement of my Educational Institution (Health Passport).
- I have brought Proof of Immunity and Vulnerable Sector Screening to be verified by Southlake Professional Practice Student Placement. Verified by: \_\_\_\_\_

**I acknowledge that:**

1. All information provided below is accurate.
2. I will abide by the regulations, policies and procedures that govern SRHC including but not limited to Scent Reduction, Dress Code and Smoke-Free and Tobacco-Free Environment.
3. Hospital staff is the final authority for all aspects of patient care and for the integration of the educational activities into the hospital.

4. I will practice within the scope of my knowledge and skill and that I will request and accept appropriate supervision in my provision of patient care.
5. It is within a patient’s rights to decline to have me involved in their care based on my status as a student.
6. SRHC will at no time accept responsibility for loss or damage to my personal property.
7. SRHC may terminate this agreement at any time should the hospital deem my conduct or performance unacceptable. Such a decision, except in extraordinary circumstances, would not be made without prior consultation with my educational institution and me.
8. I have read and understood the online Core Curriculum for Students.
9. I have read and understood the online Student Orientation manual.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **Attestation and Attendance Tracker for Students**

I acknowledge my attendance at placement confirms that in the 24 hours prior and immediately before my shift, I have none of the following symptoms:

- |                           |                       |   |   |
|---------------------------|-----------------------|---|---|
| • Fever                   | • Shortness of breath | • Difficulty swallowing                       | • Unexplained fatigue/malaise/muscle aches (myalgias) |
| • New onset of cough      | • Sore throat         | • Decrease or loss of sense of taste or smell | • Chills  |
| • Worsening chronic cough | • Runny nose          | • Nausea/vomiting, diarrhea, abdominal pain   | • Headaches   |
| • Difficulty breathing    | • Nasal congestion    |   | • Pink eye (conjunctivitis)                           |

\*If I feel sick, I will not come to placement. If I have any symptoms I will call Occupational Health ext. 2383. If I have been swabbed for COVID-19 (at Southlake or elsewhere), I will notify Occupational Health ext. 2383 and the Student Placement Office, Sue King ext. 2872

I will scan/email my [Attestation and Attendance Tracker](#) form at the end of my weekly rotation to: [scking@southlakeregional.org](mailto:scking@southlakeregional.org)

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_