

**INFORMED CONSENT FOR TREATMENT BY
ALLIED HEALTH PROFESSIONAL STUDENT**

TO: SARASOTA MEMORIAL HOSPITAL

I, _____ consent to and authorize
PRINTED NAME OF PATIENT

_____ to perform the following activities
PRINTED NAME OF STUDENT

under physician supervision: treatments, procedures, or, if undergoing a surgical procedure, activities related to my surgical procedure which may include retracting tissues, sponging, suctioning, suturing, handling of tissue, wound closure, cast or splint application.

- I have received from the physician/preceptor an explanation of the treatment(s), procedure(s) and/or surgical activities the student will be authorized to perform. I understand and acknowledge that only designated treatments, procedures, and surgical assistant activities that have been approved by the Sarasota County Public Hospital Board, Sarasota Memorial Health Care System, and Medical Staff will be performed on me by the aforesaid student.
- By this consent, I hereby release Sarasota Memorial Hospital, its employees and agents, and medical staff from any further responsibility of obtaining additional permission for the student to perform these treatments, procedures, and surgical assistant activities.
- This consent is being given for the purpose of providing the above named student the opportunity to learn under supervision of the physician, as a means to expand and increase his or her knowledge of care of the patient. I understand and acknowledge that I have the right to refuse to allow the presence or participation of the aforesaid student in my care.
- This Release and Consent shall be binding upon the heirs, executors, and personal representatives of the undersigned.

Signature of Patient *Date/Time*

Signature of Witness (must be an adult) *Date*

Printed name of Patient

Printed Name of Witness

Signature of parent (s) or legally authorized representative if patient is a minor *Date*

Printed Name of parent (s) or legally authorized representative

Patient ID Label

**INFORMED CONSENT FOR ALLIED HEALTH
PROFESSIONAL STUDENT PARTICIPATION IN
CARE**