INFORMED CONSENT

Student to Act as Simulated Patient

I understand that PTA practice includes being touched by my fellow classmates and instructors.

I understand that as part of the academic and clinical education to become a PTA (Physical Therapist Assistant) I am required to participate in various lecture and lab classes as simulated patient. Instructors and other students will have opportunities to demonstrate and practice on me those skills learned in various classes. These skills include, but are not limited to a variety of: mobility, therapeutic exercises, testing and measurements, and physical agents.

I understand that there is some risk of injury resulting from my participation in these skill training classes. I further understand that the college cannot ensure that other students will properly apply skills learned in class nor can the college be held responsible for any pre-existing conditions or injuries that I may have which make me susceptible to injury.

If I have any pre-existing conditions or injuries that may make me susceptible to injury from skills training, I will report such conditions or injuries to my instructor, or, if appropriate, to the Disability Resource Center.

In the unlikely event that I become injured it must immediately be reported to the instructors of the class and the appropriate college incident report must be filled out. If necessary, appropriate medical intervention and payment for those services are solely my responsibility.

I have read and understand the above information.

Student Name_______________________________________

Student Signature____________________________________

Date_______________________________________________