Live IV Practice

Conditions and Consent

\_\_\_\_\_\_\_ 1. Live IV practice by students on-campus will ONLY occur with designated COLLEGE NAME Adjunct faculty’s verbal permission **and** physical presence. Doing otherwise is considered practicing without a license and will result in dismissal from the program and a report to Texas DSHS under rule 157.36.

\_\_\_\_\_\_\_ 2. Student-placement of IV access into live patients will occur ONLY under direct supervision of COLLEGE NAME Clinical Supervisor (hospital/clinic setting) or Tx DSHS-certified EMT-I or EMT-P (field/ambulance rotations). Doing otherwise is considered practicing without a license and will result in dismissal from the program and a report to Texas DSHS under rule 157.36.

\_\_\_\_\_\_\_ 3. In order to practice on my classmates, I hereby consent to having students practice IV initiation on me as described in #1, above. I understand the inherent risks and do hereby release COLLEGE NAME, its students or its faculty from any claims of liability.

\_\_\_\_\_\_ 4. I understand and acknowledge that this procedure is NOT to be attempted under ANY OTHER CIRCUMSTANCES than those listed in #1, above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Name Faculty Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness/Faculty Date