**Nichols Career Center** 

**Health Sciences**

**Syllabus 2024-2025**

**Course Description: Grade 12**

The Health Sciences program is designed for students who wish to pursue a career in the health services field. While the primary objective is to prepare students at the health services level, the knowledge they receive in anatomy and physiology, medical terminology, and basic entry level skills in nursing and other allied health fields often enables them to go beyond the technician level after graduation. It provides an excellent background to begin any career in health care. All students who complete requirements, will have the opportunity to test for their CPCT certification before graduation.

The Certified Patient Care Technician program will focus on meeting the criteria for certification through both didactic and clinical training.

**Instructor:** Courtney Pfahl, RN, BSN

Email: courtney.pfahl@jcschools.us

Career Center Phone: (573) 659-3100

**Course Goals:** Upon completion of Health Sciences, the student will be able to:

1. Apply quality health care skills to clients in clinical areas in the acute setting.

2. Identify quality employability skills.

3. Discuss basic human needs and conditions that influence human growth and development.

4. Explain a variety of health occupations.

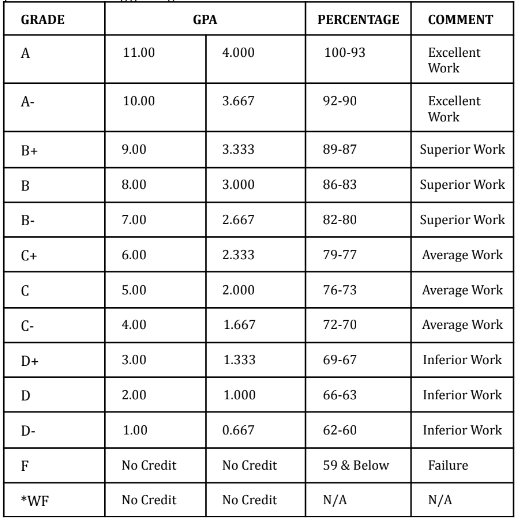
**Textbooks/Resources:**

● Text Book for PCT and Anatomy (*Will be returned at the end of year or cost is the responsibility of student*)

● Workbook to accompany Textbook for PCT and Medical Terminology workbook (*provided*, *students to keep*)

Students are responsible for maintaining their own texts. Any of the text may be left in the classroom at the risk of the student. Students are assigned a number and will be responsible for their assigned text only. ***Please do not take a book other than your assigned number.***

**Grading System:**

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**FIRST SEMESTER- CONTENT**

**Grading Categories:**

* **70%** (Summative) Skill Competencies (Tests, Major Projects, Presentations, Lab Skills Check Offs, and Clinicals)
* **10%** (Formative)Personal Competencies (Communication, Professional dress and hygiene, Professional behaviors, Safety and Attendance) AND Vocabulary, Assignments, Workbook, and Quizzes
* **10%** Term Final Exam/Assignment
* **5%** Tech English (Mr. Hill)
* **5%** Tech Math (Mr. Robuck)

Health Sciences students are required to complete **75 classroom hours** in the fall semester to meet state requirements as an Unlicensed Assistive Personnel, this is a part of their Certified Patient Care Technician qualifications. Inability to meet this requirement in the classroom will result in inability to progress to the second semester.

Phlebotomy:

Students will have the opportunity to participate in phlebotomy skills training as part of the Patient Care Technician skill set (drawing blood with needles from a vein, for labs). All needle safety and bloodborne pathogen training will be completed prior to this. Additionally, students will be under the direct supervision of the instructor when handling any needles in the classroom environment and at clinicals. Proficiency, maturity and safety must be exhibited by each student on a phlebotomy mannequin arm, prior to using any devices on a real human. Allowing peers to stick one another and the instructor in class, will be an option when competence is met on the mannequin. Refusal to allow others to stick oneself will not affect student grade. All human sticks required **1:1 supervision** of the instructor or a certified healthcare provider in both classroom and clinical settings. Permission slips and further information about this will be communicated and sent home for signature preceding this skill towards the end of first semester.

Cell Phones/Smart Watches:

All cell phones must be stored away and out of sight unless announced permission is granted for use of learning tools such as Kahoot, etc. Zero tolerance for cell phone use in the skill lab. Per NCC, students are allowed to use cell phones during scheduled break times, not for bathroom breaks. Failure to follow this expectation will result in the following consequences:

* + First Offense- verbal warning
  + Second Offense- confiscated device will be given to NCC office and picked up by parent/guardian

Assignments**:**

To receive full credit for an assignment, it must be turned in and completed on the day which it is due. Only black or dark blue ink will be accepted.

● Assignments must be completed for ½-credit when turned in late, incomplete or in the wrong ink. They must also be completed or corrected for credit.

● If absent when an assignment is due, it should be turned in on the day of return, for full credit.

● It is the student’s responsibility to find out what was missed when they are absent and the instructor will assign make-up work as necessary; this must be conducted the returning day or again, only partial credit will be given. Please approach the instructor before class, during break or after class, to obtain missed work.

● Make-up work will be at the discretion of the instructor. Students may be assigned an alternative assignment depending on missed work.

**SECOND SEMESTER-CLINICAL EXPERIENCES**

**Requirements for Clinical:** Failure to meet any of the following requirements will result in the student being dropped from Health Sciences for third and/or fourth terms.

**●** Maintain an 80% (B-) average per term.

**●** Infection Control test completed with an 80% or better within 3 attempts

**●** All permissions and policies signed by students/parent/guardian.

**●** Immunization record to instructor; immunizations completed must include:

* 2-step TB test (skin test)
* Hepatitis B series
* TDap
* MMR x 2
* Chickenpox/Varicella vaccine or proof of titer
* Yearly Influenza
* Hepatitis A
* COVID 19 vaccine per clinical site requirements or exemption forms (if clinical site permits and approves)

**Due date for documentation and/or completion of vaccination is *October 25th*** . Please email or provide copies to the instructor. These immunizations are a requirement of clinicals sites, not of NCC. Students may forfeit clinical opportunities if unable to fulfill clinical site requirements.

**●** Criminal Background / EDL list returned and approved by facilities. Typical cost is $16. (Will discuss in class and provide resources to complete. This will require a copy of the student’s Social Security Card).

**●** Drug Screening: PLEASE NOTE - A clinical site **may** request a urine sample for screening from a student at any time. Drug screening will be conducted on every student prior to clinical start date (this will be discussed in class). Zero tolerance for positive results, including marijuana. Students who test positive will forfeit the ability to participate in the second semester.

**●** Social Security number will be required on facility forms or certification applications

**●** Uniform approved by the instructor (see dress code below).

**●** Satisfactory progress on all required lab demonstrations.

**●** Member of a Health Sciences professional organization (Skills USA).

**All students must demonstrate professional behaviors in the classroom and skills lab throughout the first semester to be considered for clinical opportunities.**

**Grading Categories (2nd Semester - Clinical Semester):**

* 70% Health Science Competencies/Summative (Skills, Communication, Professional dress and Hygiene, Professional behaviors, Safety and Attendance, Projects)
* 20% Formative (Vocabulary, Assignments, Workbook, and Quizzes)
  + 10% Term Final Exam/Assignment
* 5% Tech English
* 5% Tech Math
* 10% Final Term Exam/Assignment

Clinical Competency Grading: State Requirement - **100 hours**

● Assignments during second semester will be due on the day assigned or the following day if arrangements are made with the instructor. Students will not receive credit towards their 100 clinical hours, if they are not engaged with patient care opportunities.

● When students are assigned to preceptors, the preceptor will contact the instructor if any problems exist. Students are required to stay within their assigned department for the clinical day. Students are not permitted to leave the clinical site building without permission from the instructor. Cell phones and smart devices are not permitted in the clinical areas. Cell phones must be used in facility break rooms only and during student scheduled break time. Repeated patterns with breaching the cell phone policy may result in forfeit of program. Phones visible in patient care areas will be confiscated as follows:

* First offense: Instructor will confiscate device until end of clinical day
* Second offense: Instructor will confiscate device and parent/guardian must pick up device from NCC Office
* Additional offenses may result in loss of program privileges

● If the student is unable to participate in regular clinical rotations for medical reasons, he/she must notify the instructor immediately. A doctor’s note may be required.

**Dress Code and Supplies:**

● Supplies:

* 2 inch 3-ring binder
* 2 pocket folder/binder for portfolio
* Notebook Paper
* Ink Pens: all assignments/tests/quizzes/etc. will only be accepted in black or dark blue ink
* Highlighters, markers, colored pencils, etc. to color anatomy diagrams

● Clinical Uniform:

○ Name tags will be given to students at the beginning of school. Students are responsible for safeguarding facility badges and must immediately report a lost or stolen badge to the instructor. Name tags are required at clinicals for participation.

○ Students will provide their own watches-digital or analog permitted. A second hand or seconds timer is required for obtaining vital signs. **Smart watches are not permitted at clinical sites**, failure to follow this regulation will result in forfeit of clinical day. Since the watch is likely to get wet, water resistance is recommended.

○ Vests will be provided by NCCl. It is the student’s responsibility to maintain the integrity of the vest. It should be clean and free of wrinkles every day. A jacket, coat or sweater over the vest is not part of the dress code and should not be worn.

○ Hair should be clean and styled so that it will not fall forward onto the client. It should be pinned or secured with conservatively styled clips, bands, or barrettes.

○ Jewelry should be kept at a minimum to assure your safety and professional appearance. A watch and wedding ring are acceptable. Bracelets, permanent jewelry, and necklaces are not allowed. Earrings should be small, conservative posts. Clip on, hoop, and dangling earrings are not allowed. Other visible piercings, including facial piercings, are not permitted. You are responsible for the security of your jewelry.

○ Tattoos and other body markings should be covered at all times in the clinical areas.

○ Students will purchase shoes for clinicals. Shoes must be clean and of a neutral color such as solid black or white: leather laced shoes **or** nurses’ shoes/clogs. Shoes must be non-skid. Socks must be worn. Mesh tennis shoes are not permitted.

○ Students will purchase their own black uniform/scrub pants or skirts that have been approved by the instructor. Leggings and stretch pants are not allowed. Skirts and culottes must be at knee to calf length. These are available at uniform shops, many clothing stores and online. Tops worn beneath vests should be solid white and sleeves should be either short or should push up to elbow length, these must also be approved by the instructor. Tee shirts with logos are not allowed except for the Health Science tee shirt on designated days. Polo-style shirts or scrub tops are acceptable, as long as they are white. Uniforms must be clean and free of wrinkles during clinical rotations.

○ Undergarments should be a light, solid color so that they will not show through uniforms. Under shirts may be worn to increase the modesty of undergarments. Midriff and bosom must be covered at all times, including with movement. Student skills will include bending, crouching and reaching in the clinical setting. Modesty is required.

○ Perfume, scented lotions or cologne of any kind should not be worn when working with clients as they may cause allergic or other reactions in some clients. Personal hygiene is required.

○ Students are not allowed to wear finger nail polish or wear acrylic nails to any clinical site in the second semester (January-May). Nails must be clean, trimmed and not visibly longer than the length of the finger-when inspecting from the palm surface.

\* *Failure to adhere to the dress code will result in the removal from the clinical area for the day and loss of clinical points and hours. Other disciplinary action as deemed necessary by the instructor and administration may apply.*

**Health Concerns:**

Because of the nature of work students will be performing in the clinical area, it is necessary for the instructor to be aware of any health concerns that may arise throughout the year. Some examples may include, but are not limited to: Back/disc trouble, diabetes, pregnancy, asthma, or allergies. Students will be permitted to begin/complete the clinical rotation, however; separate policies, requiring signatures may apply. These are handled on an individual basis. It is the student’s responsibility to make the instructor aware of any concerns they may have. It is the responsibility of the student to notify the instructor immediately of any actual or possible workplace exposures/injuries including but not limited to the following: body fluids splashing face, dirty needle sticks, slips/trips/falls, etc.

**CPCT Exam and Eligibility:**

Test components: 100 questions, multiple choice exam. NCC will provide the cost of first attempt testing. Students will be responsible for any additional attempts of the certification exam, tentatively costing $160.00 per attempt.

**●** Completion of 75 classroom hours and 100 clinical hours

**●** 80% average for each term, up to the day before certification testing

**●** 3 Health Sciences test scores with 80% or better

**●** Any paperwork requested by DHSS or NHA

**Communication Plan:**

Nichols Career Center has many opportunities for both students and guardians to stay up-to-date on the grades and assessment expectations of the course. My primary source is Infinite Campus, our grading system. You may log into Infinite Campus at any time to see the progress on assessments and assignments of the course. If ever there is a concern, please contact me at courtney.pfahl@jcschools.us or phone (573) 659-3100.

**Dual Credit/Articulated Credit**

Information will be forthcoming for students who are interested at the beginning of first semester.

**School Property and Equipment Damage**

Any damage to school property or classroom equipment may result in a financial charge to the student whether determined to be accidental or not. Students are responsible for informing the instructor immediately of faulty/damaged equipment.

**Academic Honesty and Integrity**

The healthcare industry is very sensitive when it comes to honesty and integrity. For this reason, students caught being dishonest in their classwork will require counseling and disciplinary action. A second instance will result in their expulsion from the program.

**Student Services:**

Student services are available to help students succeed in their classes. Students in technical programs are eligible for extra assistance by asking for help from their teacher or by having their teacher refer them to the Vocational Resource Educator.

**Student Youth Organizations:**

Skills USA: Vocational student organizations are an important aspect of vocational education and students are required to actively participate in the vocational student organization integrated into their respective vocational program. These student organizations are designed to promote community awareness, develop leadership skills and responsibilities and create a common bond among all students enrolled in trade, industrial, technical and health education. There will be fundraising projects required to support those students interested in competing in Skills USA competition. \

**Program Costs for Students:**

* Black scrub pants, recommended to purchase at least 2-3 depending on home laundry schedule
* Shoes for clinicals (see uniform dress code)
* White solid shirts (see uniform dress code)
* Watch with a second hand or digital seconds timer (NO smart watches)
* State Background Check for Clinicals: $16
* Classroom supplies per list above

**Optional Purchases for Students (not required):**

* Stethoscope-many different brands on the market, Littman has great standing reviews and good quality if the student wants to pursue a career that will require purchase of this for post-secondary education. The instructor has stethoscopes that can be used in the skills lab and borrowed for clinicals as needed.

***CLINICAL CONFIDENTIALITY CONTRACT***

**Nichols Career Center**

**Health Science**

I understand the issue of confidentiality regarding clients’ rights to privacy. I understand that I may hear, see, or read about clients’ treatment, their medical history, and current illness in the various clinical sights.

I will not in any way relay information that I learn about clients to anyone. If I have questions about a situation or client’s care or if I recognize a client, I will confer with the instructor and abide by the directions given.

I understand the use of cell phones and smart watches in patient care areas is strictly prohibited.

To be clear, any student who takes a picture, video or recording at a clinical site is subject to discipline. Any media content or patient information on any social media platform (Snapchat, Instagram etc.) or anyone who transmits such media by text or email, will be subject to disciplinary action and/or immediate dismissal from the program. Failure to report use of cell phones, posts, media or photo transmission may also lead to disciplinary action and/ or immediate dismissal from the program. Occasionally, NCC staff may post photos from clinical sites excluding patients. Students are permitted and encouraged to share such posts.

I understand that a breach of confidentiality is a serious action that may have grave consequences for the client and result in a lawsuit against the school, health care facility, and instructor. Also, it may result in my removal from client sites or from areas where I could come in contact with client information. Disciplinary action may also result in dismissal from the program.

My signature indicates that I will respect all clients’ rights to privacy. I understand I will be asked to complete further confidentiality statements for clinical facilities.

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Student’s Name (print)

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I, the parent/guardian of the above Health Science Student have read and understand the confidentiality contract.

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

Parent/Guardian’s Name (print)

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

Parent/Guardian Signature Date

***Consent for Student to Participate in Clinical Rotations***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a student who is enrolled in the Nichols Career Center Health Sciences program. This program includes practice at off-campus health facilities.

These clinical sites treat patients who may be carrying an infectious disease (Covid 19, Influenza, Staphylococcus, HIV or Hepatitis etc). Students will also be participating in direct patient care requiring lifting. Students who are not 18 may not operate lifting equipment without certified assistant/nurse/instructor being present according to OSHA requirements. While at clinical sites, it may be possible for students to observe Radiology procedures. During these procedures students may come into contact with radiation.

Students will be practicing as a Patient Care Technician student at clinical sites. Prior to any direct patient care, students will have mastered body mechanics techniques and infection control precautions. Expectation is that all students will exercise learned practices to minimize the risk of injury or exposure to illness. Students will be trained and signed off on policies involving all areas of direct patient care. I understand that the student must adhere to clinical site requirements to participate in the clinical experience, including but not limited to facility vaccination requirements, background screening and drug testing.

The instructor has instructed your ward about all reasonable safeguards and the clinical sites have implemented all reasonable safeguards necessary to be implemented to avoid exposure. These include The Center for Disease Control’s recommendations, OSHA safety requirements, and the Department of Health and Senior Services recommendations.

I authorize and consent that my ward may practice at such off-campus health care institutions. I also agree that Nichols Career Center is not responsible for my ward before clinical begins or after he/she has been released from the clinical site. The undersigned hereby unconditionally release and shall indemnify, defend and hold harmless the Jefferson City School District, its agents, assigns and employees, from any and all claims, liability injuries, losses, judgments, damages, attorney fees and expenses, whether foreseen or unforeseen, arising out of or related to the clinical experience. Liability insurance is provided for each student through a group policy.

I understand that for complete participation in this program, verification that the student’s name is not on the Employee Disqualification List and/or the Registry for the Federal Marker and a State Criminal Background Check will need to be completed. I give permission to obtain a State Criminal Background Check, for verification of the Employee Disqualification List and the Registry for the Federal Marker. I agree to pay for the cost of this process. I do understand that if my child/ward’s name is on the EDL or my child/ward has been convicted of a criminal offense applicable to Section 660.317, he/she will be unable to continue in the Health Science Program. I am also aware that the information obtained will be provided to each local healthcare facility where my child/ward will perform patient care.

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NICHOLS CAREER CENTER**

**Health Science Transportation Requirements for Clinical**

Due to the nature of the program, students need permission to do the following:

● Drive to clinical if no transportation is provided by their school

● Ride the bus if provided by your school or provide special driving permit for classroom days

● When deemed necessary by the instructor, the student may ride with another student or ride with the instructor.

● Drive to clinical for make-up time outside the normally scheduled school day with permission from the instructor and a note from parent and home school.

NCC is not responsible for the student before and after release from the clinical site. Students must leave the clinical site immediately after being dismissed and should not remain/return on the property without the approval of the instructor. Failure to do so will result in loss of clinical points or dismissal from the program. Vehicles may not be left at clinical sites.

Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NCC Administrator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPROVAL OF HOME SCHOOL for Private Transport to Clinical Sites and NCC**

Principal’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Vehicle Information**

Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Make \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Model:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_License No.\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Note – All information must be completed before permission is granted**

**NCC Transportation Permission Form**

**PARENTAL AUTHORIZATION & ACKNOWLEDGEMENT OF RISK**

**STUDENT *RIDING* WITH INSTRUCTOR**

**I,**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **,***(Printed Parent Name)* **give permission for my son /daughter,**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Printed Student Name)* **to be a passenger in a vehicle operated by a Jefferson City Public School instructor for the purpose of driving to and from the following designated school** **activity and/or function: CLINICALS.**

**STUDENT *RIDING* WITH ANOTHER STUDENT**

**I,**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**,** *(Printed Parent Name)* **give permission for my son /daughter,**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**,** *(Printed Student Name)* **to be a passenger in a vehicle operated by another Health Science Student, for the purpose of driving to and from the following designated school activity and/or function: CLINICALS.**

**STUDENT *DRIVING* OTHER STUDENTS**

**I,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **,***(Printed Parent Name)* **give permission for my son /daughter,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, *(Printed Student Name)* **to operate a personal passenger vehicle (designated driver) for the purpose of driving Health Science Classmatesto and from the following designated school activity and/or function: CLINICALS.**

**STUDENT AGREEMENT**

My son/daughter (by signature below) agrees to abide by these terms and understands that any deviation will automatically revoke his/her ability to drive/ride to any clinically related events in their Nichols Career Center classes. My son/daughter agrees to travel ONLY directly to and from the above mentioned school activity and/or event.

**GENERAL INFO**

I further understand that this permission may be revoked at any time by contacting the Director or Assistant Director of Nichols Career Center, Jefferson City Public Schools.

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| --- |
| **IMPORTANT**  The undersigned hereby unconditionally releases and shall indemnify defend and hold harmless the Jefferson City School District agents, assigns and employees, from any and all claims, liability, injuries, losses, judgments, damages, attorneys’ fees and expenses, whether foreseen and unforeseen, arising out of or related to the transportation herein.  The personal vehicle liability insurance of the owner/driver will be the primary coverage in the event of an accident.  Department of Motor Vehicles (DMV) Passenger Restrictions, described below must be followed: As a driver under the age of 18, you may transport only ONE PASSENGER under the age of 18 during the first year that you hold your driver’s license. After you have held your license for one year or until you reach age 18, you may carry only THREE PASSENGERS under the age 18. Violation of the passenger restrictions can result in the suspension of your driver’s license. |

**Student Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Photo Release***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has my

(student name)

permission to have his or her picture taken by Nichols Career Center or participating clinical facilities. I understand that this picture may be used in promotional activities such as a brochure, social media content, fliers, newsletters, or a bulletin board.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature

**Receipt of Syllabus**

We have read the Health Science syllabus and agree to work with the instructor in meeting expectations, including cell phone policy and attendance requirements for classroom and clinical sites.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_