

Valley Career and Technical Center
School of Practical Nursing

Student Health Insurance Information

I understand that during my educational and clinical experience in the School of Practical Nursing at Valley Career and Technical Center, I may be exposed to blood, bodily fluids, or other potentially infectious materials and I may be at risk of acquiring an infectious disease. I may also sustain injury lifting or otherwise performing tasks in the clinical setting. I understand that Valley Career and Technical Center and its affiliating clinical agencies assume no financial responsibility for illness contracted or injuries sustained during class, lab or clinical experiences.

Please supply the following information or read and sign the Health Insurance Declination provided below.

I carry health insurance provided by the following company:

Name of Company: _____

Policy Number: _____

Expiration Date: _____

Signature: _____ Date: _____

Health Insurance Declination

I decline to subscribe to health insurance at this time. I am assuming total financial responsibility for any necessary health care.

Signature: _____ Date: _____

Signature of Witness: _____ Date: _____

Printed Name of Witness: _____