

## Non-Liability /Pregnancy form

To Whom It May Concern:

This is to verify that I (student) \_\_\_\_\_ have spoken to Lisa Crick, Coordinator, at NVCC, concerning my participation in the Lab/Clinical experience portion of the Pharmacy Technician Program. In Clinical the student is required to work in a hospital pharmacy setting.

I understand the risks involved due to my **Pregnancy** and have consulted my Healthcare Provider who has stated that I can participate in the Lab/Clinical experience. He / she has indicated any limitations that I might have (documentation attached / included). **I MUST bring a statement of ANY restrictions/precautions from EACH MD Visit (may use one of these forms).**

I wish to participate in Lab/Clinical, and I acknowledge that Naugatuck Valley Community College and/Waterbury Hospital, to which I am assigned, are **Not Liable** in terms of any injury that might result from my participation.

I understand that in addition to attendance requirements, I must demonstrate the ability to safely and adequately meet all Lab/Clinical Objectives in order to successfully complete the Pharmacy Technician clinical course and receive my Certification. \*Naugatuck Valley Community College reserves the right to review individual student situations to determine whether their restrictions will allow them to safely and adequately meet all Lab/Clinical Objectives.\*

Student Name (please print) \_\_\_\_\_

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

Witness to Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Name \_\_\_\_\_ Date \_\_\_\_\_

PHYSICIAN DOCUMENTATION ATTACHED: YES  NO

### PHYSICIAN STATEMENT(S)

**\*\*Please note that any restrictions noted may preclude student from participating in Lab/Clinical experience.\*\***

**NO** Restrictions Necessary: *(Healthcare Provider please sign)* \_\_\_\_\_

Restrictions **ARE** Necessary: *(Healthcare Provider please elaborate and sign)*

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