



**STUDENT VOLUNTEER
INFORMED CONSENT AND WAIVER AND RELEASE OF LIABILITY
ARIZONA WESTERN COLLEGE MEDICAL ASSISTANT and PHLEBOTOMY TECHNICIAN PROGRAMS**

Arizona Western College (AWC) offers a Medical Assistant Program and a Phlebotomy Technician Program (“The Program”), designed to prepare students for immediate employment as a medical assistant or phlebotomist and further college medical and lab assistant education.

As part of The Program, Medical Assistant (“MAP”) and Phlebotomy Technician (“PTP”) students are trained to draw and collect blood samples. In order for students to complete this training, volunteers are needed.

If you are willing to be a Student Volunteer, please carefully review the information below and sign and date where indicated at the end of the form. Student Volunteers must be 18 years or older.

Important Information Regarding the Student Volunteer Experience

- The Program involves learning to draw and collect blood samples.
- After a student has developed a level of expertise in drawing fluid from inanimate objects and with the use of training tools, he/she must develop expertise by practicing drawing blood from a human volunteer.
- All blood draws taken by students occur under the direct and close supervision of course instructor.
- When drawing blood, the students will wear gloves, face shields and use a sterile needle, rubbing alcohol (70% Isopropyl) or 2% iodine tincture to ensure the site of the puncture is protected from bacteria. A tourniquet will then be applied. These steps are taken for the safety of the Student Volunteer and to assist in the blood draw. If a Student Volunteer is allergic to latex, other sterile gloving and tourniquet options are available.
- Following the blood draw, Student Volunteers are provided with a sterile gauze pad to enable the Student Volunteer to apply pressure to the site to lessen potential bruising. An adhesive strip will then be applied to hold the sterile gauze pad in place, thus maintaining the pressure once the puncture site has stopped bleeding.
- Possible side effects during and/or immediately after the blood draw may include light-headedness, dizziness, localized pain, bruising and/or minor swelling around the puncture site.
- Student Volunteers are encouraged to drink water or other fluids the day before and the day of the practice blood draw to assist the blood draw by ensuring that the Student Volunteer’s veins are fully hydrated.

Informed Consent: By my signature below, I understand and agree as follows:

- I have read the information provided in this form and had the opportunity to ask questions.
- I am providing my informed consent for the Student Volunteer named below to participate as a volunteer in The Program, by permitting a MAP or PTP Student to take a blood draw from the Student Volunteer under the direct and close supervision of a Program instructor.
- The Student Volunteer named below has no medical conditions that would be adversely impacted by his/her volunteer participation in The Program.

Wavier of Liability and Release of Claims: By my signature below, I understand and agree as follows:

- I understand participation is voluntary and I can choose to discontinue at any time. There are no benefits, compensation or any other considerations offered as a volunteer in The Program. I assume any and all risks relating to my participation as a Student Volunteer in The Program.
- I, my heirs, assigns and representatives hereby release, waive, discharge, hold harmless, defend and indemnify Arizona Western College, its officers, board, agents, volunteers, and employees from any and all liability, claim, demands, damages, fees or expenses, or actions whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by myself as a result of my participation as a Student Volunteer in The Program.
- The Program instructor cannot be expected to control all of the risks associated with The Program or my reaction to the process and that there may be the need for a response to accidents and potential emergencies. Therefore, I give my consent for medical treatment that may be required as determined by a medical professional during my participation as a Student Volunteer in The Program, with the understanding that I will be financially responsible for all costs of treatment.
- I have read this Consent and Wavier and Release of Liability form, understand it and sign it voluntarily.

Student Volunteer Name (Print): _____

Date Of Birth (mm/dd/yyyy): _____

Student Volunteer Signature: _____ Date: _____

Please list any special services the Student Volunteer may require:

Emergency Contact

Emergency Contact's Full Name: _____

Relationship to Student Volunteer: _____ Phone Number: _____