

## CONSENT TO RELEASE INFORMATION

<b>Last name:</b>	<b>First name:</b>	
<b>Date of birth</b> (yyyy/mm/dd):	<b>Telephone:</b>	
<b>Email:</b>	<b>Year of admission:</b>	<b>Student number:</b>

Program	Nursing	Rehabilitation Sciences	Food and Nutrition Sciences	Human Kinetics
<b>Program</b>	<input type="checkbox"/> Generic program (select campus): <input type="checkbox"/> Ottawa <input type="checkbox"/> Woodroffe <input type="checkbox"/> Pembroke <input type="checkbox"/> Bridging <input type="checkbox"/> Second Entry <input type="checkbox"/> Graduate MScN <input type="checkbox"/> Diploma in PHCNP	<input type="checkbox"/> Audiology <input type="checkbox"/> Speech Language Pathology <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>

I understand that I am responsible for informing the Clinical Placement Risk Management (CPRM) team, my placement coordinator, and the host agency of any communicable disease, special needs or medical conditions that may place me at risk or pose a risk to others during my placement.

My personal information is collected for purposes that include and are consistent with ensuring health, safety, and security on campus, on the treating medical site or the host institution, and for enabling continuity of learning and the work of the University and the treating medical site, or as otherwise required by law. My personal information in the Clinical Placement Requirements Record is kept confidential with the CPRM team.

For the duration of the program, I authorize the release of the records to the placement agency where an occupational exposure has occurred (if requested), to the treating medical site or institution (if required) and to the dean and/or the placement coordinator of the faculty in which I am a student, for the purposes stated above.

I am aware that, should I have a notable police check or self-declaration for service with the vulnerable sector, all supporting documentation will be released to the faculty or school delegate responsible for its review. The University reserves the right to revoke admission offers and/or enrolment at any time, based on the results of the police record check.

<b>Signature:</b>	<b>Date</b> (yyyy/mm/dd):
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**Email this form to your student placement and experiential learning requirements management adviser at the Faculty of Health Sciences.**