

Springfield Technical Community College School of Health & Patient Simulation

Student Latex Release Form for Students with Identified Latex Allergy

I _____, disclose to Springfield Technical Community College's Disability Services Office that I have a sensitivity/allergy to latex. As a result of this condition, I am seeking academic adjustments, including auxiliary aids or services, or reasonable accommodations.

I have attached documentation of testing that I have received from a physician confirming this allergy/sensitivity. This documentation clears me for participation in college lab activities and clinical rotations as required in a School of Health & Patient Simulation program, which I am enrolled in.

I understand that the College, including its clinical labs, is not a latex free environment and therefore the risk of exposure to latex cannot be eliminated. I further understand that, due to my participation in a Health & Patient Simulation Program, I may be exposed to latex, which may result in a worsening of my pre-existing condition and lead to potentially life threatening symptoms. I accept these risks knowingly and voluntarily and will take all reasonable precautions to prevent such exposure.

Further, I understand that:

It is my responsibility to be aware of potential exposure to latex in my learning environment and to avoid or minimize such exposure;

It is my responsibility to notify each of my course instructors/clinical faculty or preceptors of my latex sensitivity/allergy in every situation where potential exposure may be present;

It is my responsibility to follow up with my health care provider/allergist for services related to my latex allergy and follow their recommendations;

It is my responsibility to assume any costs related to latex allergy screening and treatment.

By my signature, I release and discharge Springfield Technical Community College, its officers and employees from any and all responsibility and liability related to personal injury suffered by me as a result of exposure to latex in the College's lab or during a clinical rotation.

Student Signature

Date

Parent Signature if Student is under
18 years old

Witness

Copy: student, file