



VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND
School of Nursing

INFORMED CONSENT FORM

I, _____, have reviewed a copy of the Indiana
(print name)
University South Bend Undergraduate Bulletin, (<http://www.iu.edu/~bulletin>). As a Clinical Nursing
student, I will abide by all policies and procedures of the Nursing program.

In order to practice and perfect fundamental nursing skills, I understand that I will be required to participate in the practice of invasive procedures such as, but not limited to, bed baths, injections, and physical examinations. I, in turn, expect that nursing faculty will provide the safest environment possible for the learning of fundamental skills. I also understand that as part of my clinical experiences, the possibility exists that I will be providing patient care during the evenings. I also understand that some of my clinical experiences will be outside of the immediate South Bend area.

I further understand that I will be required to care for clients/patients from various cultural and socioeconomic backgrounds. I will also be required to care for clients in various disease states (including communicable diseases such as TB or Hepatitis C) as my level of competence corresponds to client needs.

Student Signature

Date