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Informed Consent for Lab Activities

During the course of the physical therapist assistant program, the student is required to take part in laboratory activities which dictate that one student will be practicing techniques being taught and learned on fellow classmates and/or faculty. It is the nature of the profession that skills be acquired on healthy individuals before an attempt is made to become skillful with patient/client populations who have dysfunction. Therefore, students and faculty must often “act” the part of the patient or client in order for the designated lab partner to gain skills needed to practice physical therapy.

Although every effort is made on the part of the instructors to ensure safety for every student practicing and playing the role of the patient or subject, it is possible that the student may experience some discomfort, either physically or emotionally. By signing below, you are indicating your willingness to engage in those activities which the faculty believes are necessary for you to learn skills related to the practice of physical therapy (such as use of physical agents, therapeutic exercise, exposure of body parts, act as a patient simulator, etc.). While this is an assumption that can be inferred from your acceptance to participate in the physical therapist assistant curriculum and enrolling in the program, this is your active consent to do so. If there is any activity which may cause you concern, you are urged to speak to the program director.

I understand that I will be asked to act as a lab partner during my experiences in the physical therapist assistant curriculum and fellow classmates will be practicing skills taught by the professors of the course. I understand that, at times, I may experience some physical or emotional discomfort, but i understand that this participation is required for student learning and I willingly agree to participate fully.

I, _____, hereby assume all risks in connection with and fully release Mohave Community College, its agencies and/or employees from any injury or damage to me, and hereby acknowledge my understanding of this.

Dates Valid Through

Print Student Name

Student Signature

Date: _____