

STUDENT NAME _____
Please Print

ACKNOWLEDGMENT AND RELEASE FORM
DELTA COLLEGE

I hereby acknowledge that I have received and reviewed the information provided regarding communicable diseases including: Hepatitis B and HIV. I understand that I assume the risk of infection from communicable diseases, including Hepatitis B and HIV (AIDS) from my practical experience.

I have received information and have had my questions answered about Hepatitis B vaccine. I understand that receiving the vaccine is highly recommended, but not required, for persons such as child care workers, who have contact with blood/body secretions.

I also understand that, should I elect to receive the Hepatitis B vaccine, it is MY RESPONSIBILITY to pay the cost of the series of three (3) injections required. I understand that all medical bills associated with contracting a communicable disease during my practical education are my responsibility and Delta College has no obligation to pay my medical expenses.

I hereby release Delta College, its employees, teaching affiliates, and members of its Board of Trustees from any and all claims and actions for personal injury or death resulting from communicable diseases contracted while a student at Delta College, whether arising out of practical experience or otherwise.

PLEASE CHECK ANY ONE OF THE FOLLOWING:

_____ I have completed the Hepatitis B series of vaccines, **and my official vaccination record is attached.**

_____ I will be contacting my family physician about receiving the Hepatitis B vaccine, and I will supply verification that I have started the series.

_____ I decline the vaccine and release Delta College from liability should I become infected with Hepatitis B.

PROGRAM CHILD DEVELOPMENT

SIGNATURE _____

DATE _____