

**Vanderbilt University School of Medicine
Non-Vanderbilt Interns and Observers
Statement of Agreement**

For Faculty:

I agree to sponsor _____ (intern/observer name) for an educational experience within our facility under my direct supervision, or under the direct supervision of the following Designated Supervisor(s): _____.

Start Date of Experience: _____ End Date: _____

Location of Experience Activities: _____

I agree that:

- I have read, understand, and will adhere to the Vanderbilt University policy regarding Non-Vanderbilt Interns and Observers outlined on the [Office of the Provost's website](#).
- The student has or will have completed any required training prior to beginning the experience.
- Personal protective equipment, if needed, will be provided by Vanderbilt.
- My laboratory or studio is in full compliance with all applicable safety regulations.
- Anyone who will be interacting with minors has or will have completed all necessary background clearances, training, and policy compliance prior to the beginning of the experience. **Additional information and requirements for interns and observers under 18 years of age are outlined on page 3.**

Name of Faculty Sponsor

Signature

Date

Name of Department Chair

Signature

Date

For Students:

I agree to participate in an educational experience as defined by my faculty sponsor, for the dates defined. I agree that:

- I have read, understand, and will adhere to the Vanderbilt University policy regarding Non-Vanderbilt Interns and Observers outlined on the [Office of the Provost's website](#).
- I have or will have completed any required training prior to beginning my experience.
- I have or will provide a copy of my current transcript or a letter from my current institution, as necessary.

Name of Student

Signature

Date

For Direct Supervisor(s) of Minor's Activities:

Start Date of Experience: _____

End Date: _____

Location of I/O Experience Activities:

Supervisor Name: _____

VU email: _____ Vunetid: _____ Department:

_____ / School: _____ Background Check Clearance

Date _____ POM Training Completion Date: _____

I have read, understand, and agree to abide by all provisions included in the [Protection of Minors \(POM\) Policy](#):

Supervisor Signature

Supervisor Name: _____

VU email: _____ Vunetid: _____ Department:

_____ / School: _____ Background Check Clearance

Date _____ POM Training Completion Date: _____

I have read, understand, and agree to abide by all provisions included in the [Protection of Minors \(POM\) Policy](#):

Supervisor Signature

VANDERBILT UNIVERSITY & MEDICAL CENTER
NON-VANDERBILT INTERNS, OBSERVERS, AND CSO PROGRAM PARTICIPANTS
EMERGENCY CONTACT, MEDICAL INFORMATION, AND GENERAL RELEASE

Intern/Observer/Participant Information				
Name		Date of Birth		Sex
Parent's/Guardian's Name (if under 18 years of age)		Parent's/Guardian's Name (if under 18 years of age)		
Home Phone	Work/Cell Phone	Home Phone	Work/Cell Phone	
Address		Address		
City, ST ZIP Code		City, ST ZIP Code		
Emergency Contacts				
Primary Emergency Contact		Secondary Emergency Contact		
Home Phone	Work/Cell Phone	Home Phone	Work/Cell Phone	
Medical Information for Participants				
ANYONE REQUIRING IMMEDIATE MEDICAL ATTENTION WILL BE TAKEN TO VANDERBILT UNIVERSITY MEDICAL CENTER OR THE MOST APPROPRIATE ALTERNATE MEDICAL FACILITY.				
Primary Care Physician's Name		Phone Number		
Insurance Company		Policy Number		
I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics and waive my right to informed consent of treatment.				
Signature			Date	
If Participant is a minor: In the event I cannot be reached in the case of an emergency, I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics and waive my right to informed consent of treatment.				
Please list any medical conditions your minor student has in detail including any medications . Does your student take any medication during school hours? Does your child have any dietary restrictions (including food allergies)?				
Parent's/Guardian's Signature (if Under 18)			Date	
PRINT _____			SIGN _____	
General Release, Participation Agreement and Liability Waiver				
I understand that my participation as a Non-Vanderbilt Intern/Observer is voluntary and I may be exposed to some level of risk in this activity. I assume full responsibility for that risk. I agree to release and hold harmless Vanderbilt University (VU) and individuals from liability in case of accident during activities related to this internship or observer experience, as long as normal safety procedures have been taken. If needed, personal protective equipment will be provided. If I am signing for my minor child, I give permission for my child to go on field trips. I grant permission for photos/images of me to be used by VU in any VU publications and any other way the University deems necessary and appropriate to promote its activities and mission.				
Signature			Date	
Parent's/Guardian's Printed Name and Signature (if under 18)			Date	
PRINT _____			SIGN _____	
Vanderbilt Protection of Minors Provision: Vanderbilt University personnel adhere to Tennessee state law on mandatory child abuse reporting. If you have reason to believe abuse or inappropriate behavior has occurred concerning a minor participating in a Vanderbilt University program, please consult the appropriate Dean's Office or Risk Management (615-936-0660), or report via the Vanderbilt hotline at 866-783-2287. The Tennessee Child Abuse reporting hotline number is 877-237-0004.				

Reviewed and updated April 2014.

All forms must be returned to the appropriate dean's office before the experience in the laboratory or studio begins.