

**JOHNS HOPKINS ALL CHILDREN'S HOSPITAL
OBSERVATION AGREEMENT**

I, _____ (hereinafter referred to as "Observer") wish to apply to Johns Hopkins All Children's Hospital to participate in observation experiences at facilities owned or operated by the Hospital. As a condition of participating in an observation experience, I agree to honor the following terms and conditions of my observation experience:

1. All observation experiences shall be selected by Hospital personnel. I shall comply with the supervision and directions of Hospital personnel at all times.
2. I will familiarize myself with applicable Hospital policies and procedures, and I will comply with them at all times.
3. I will provide evidence of current health insurance coverage. I will provide required immunization records to the Hospital department through which my clinical experience is scheduled prior to beginning my observational experience.
4. If I experience signs or symptoms of illness, I will immediately notify my sponsor/preceptor.
5. I will maintain patient confidentiality.
6. I acknowledge that the Hospital is allowing me to participate in observational experiences purely as a courtesy to me for my educational benefit. Therefore, I agree to hold the Hospital, its employees, officers and directors harmless from and against any and all liability, cost, damage or injuries, including reasonable attorney fees, occasioned by any claim arising out of or related to my acts or omissions while participating in observational experiences pursuant to this Agreement.
7. I understand and agree that my observational experience can be terminated by the Hospital at any time, for any reason, with no prior notice to me.
8. I understand and agree that my participation in an observational experience at the Hospital does not create any employment or other similar relationship between the Hospital and me and that I will not be entitled to any compensation or employee benefits or to worker's compensation in the event of any injury occurring on the premises of the Hospital.
9. I will at all times wear a lab coat/uniform, pin, or other identification, and introduce myself in a manner, that clearly reflects my status as an observer.
10. I understand that at no time is housing available from the Hospital for my use during the course of my observation experience.

Dated this _____ day of _____

OBSERVER

Signature

Printed Name

Parent/Guardian (If under the age of 18 years)

SPONSOR/PRECEPTOR

Signature

Printed Name