

SIMULATION CONFIDENTIALITY AND CONSENT FORM (Form 34B)

Every student in SFASU School of Nursing will read and sign the Simulation Confidentiality Agreement and Consent for Video/Audio Recording at the beginning of each semester prior to utilizing the Simulation Lab and equipment. This form will be on file in the Simulation Lab.

Printed student name _____ Date _____

Current semester (circle one) 1st 2nd 3rd 4th

Simulation Confidentiality Agreement

I _____ agree to keep all information regarding and surrounding the clinical simulation(s) in which I participate confidential until such time that all students in my current class have completed the simulation(s). I agree not to discuss the simulation in any way with any member of the School of Nursing until she/he has completed the simulation(s).

Signature _____

Date _____

Consent Form for Video/Audio Recording

I authorize the Richard and Lucille DeWitt School of Nursing to record my participation and appearance in clinical simulations on video and audio tape. I understand that this video/audio recording will be used for education al/instructional purposes only within the School of Nursing. Furthermore, this recording will be destroyed within one year of filming/recording.

Signature _____

Date _____