

**STUDENT VOLUNTEER  
INFORMED CONSENT AND WAIVER AND RELEASE OF LIABILITY  
CAVIT MEDICAL ASSISTANT PROGRAM**

The Central Arizona Valley Institute of Technology (CAVIT) offers a Medical Assistant Program (“the Program”), designed to prepare high school students for immediate employment as a medical assistant and further college medical assistant education.

As part of the Program, Medical Assistant Program students (“MAP Students”) are trained to draw and collect blood samples. In order for students to complete this training, volunteers are needed.

If you are willing to be a Student Volunteer, please carefully review the information below and sign and date where indicated at the end of the form. Student Volunteers must also have a Parent/Guardian review and sign this form, unless the Student Volunteer is over 18 and no longer a dependent.

**Important Information Regarding the Student Volunteer Experience**

- The Program involves learning to draw and collect blood samples.
- After a MAP Student has developed a level of expertise in drawing fluid from inanimate objects and with the use of training tools, he/she must develop expertise by practicing drawing blood from a human volunteer.
- All blood draws taken by MAP Students occur under the direct and close supervision of a Program instructor.
- When drawing blood, the MAP Student will wear latex gloves and use a sterile needle, rubbing alcohol (70% isopropyl) or 2% iodine tincture to ensure the site of the puncture is protected from bacteria. A latex tourniquet will then be applied. These steps are taken for the safety of the Student Volunteer and to assist in the blood draw. If a Student Volunteer is allergic to latex, other sterile gloving and tourniquet options are available.
- Following the blood draw, Student Volunteers are provided with a sterile gauze pad to enable the Student Volunteer to apply pressure to the site to lessen potential bruising. An adhesive strip will then be applied to hold the sterile gauze pad in place, thus maintaining the pressure once the puncture site has stopped bleeding.
- Possible side effects during and/or immediately after the blood draw may include light-headedness, dizziness, localized pain, bruising and/or minor swelling around the puncture site.
- Student Volunteers are encouraged to drink water or other fluids the day before and the day of the practice blood draw to assist the blood draw by ensuring that the volunteer’s veins are fully hydrated.

**Informed Consent:** By my signature below, I understand and agree as follows:

- I have read the information provided in this form and had the opportunity to ask any questions I have.
- I am providing my informed consent for the Student Volunteer named below to participate as a volunteer in the Program, by permitting a MAP Student to take a blood draw from the Student Volunteer under the direct and close supervision of a Program instructor.
- The Student Volunteer named below has no medical conditions that would be adversely impacted by his/her volunteer participation in the Program.

**Waiver of Liability and Release of Claims:** By my signature below, I understand and agree as follows:

- I voluntarily assume any and all risks relating to the Student Volunteer's participation as a Student Volunteer in the Program.
- I, my heirs, assigns and representatives hereby release, waive, discharge, hold harmless, defend and indemnify CAVIT and/or the Program, their officers, agents, volunteers, and employees from any and all liability, claims, demands, damages, fees or expenses, or actions whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by the Student Volunteer as a result of the Student Volunteer's participation in the Program.
- The Program cannot be expected to control all of the risks associated with this Program and that there may be the need for a response to accidents and potential emergencies. Therefore, I give my consent for any medical treatment that may be required as determined by a medical professional during the Student Volunteer's participation as a volunteer in the Program, with the understanding that I will be financially responsible for all costs of treatment.
- I have read this Consent and Waiver and Release of Liability form, understand it and sign it voluntarily.

Student Volunteer (Print): \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student Volunteer

\_\_\_\_\_  
Signature of Parent/Guardian

Please list any special services the Student Volunteer may require \_\_\_\_\_  
\_\_\_\_\_

Please contact Mike Glover, Superintendent at (520) 423-2991 if you have any questions regarding this Volunteer opportunity or this form. Thank you!

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