

Safe Sitter® Student Contract

The Safe Sitter® course is a medically accurate child care course developed especially for students in grades 6-8. Safe Sitter® teaches you the skills you need to safely care for children—infants through school age.

We want your Safe Sitter® course to be a positive experience for you! We want you to know what to expect from us when you take the course and we want you to know what we expect from you. With those points in mind, please read the following ground rules for the Safe Sitter® class.

- 1. Attendance.** There is a lot to learn in a fairly short time so it's important to come to all sessions, be on time, and stay until the end of the course. If this is not possible, you should reschedule for another course.
- 2. Respect for others.** You have a great opportunity to meet new people and develop friendships. We will expect you to think of the feelings of others – no teasing or put-downs.
- 3. Respect for property and equipment.** The class will be fun and the atmosphere relaxed , but students must remember that the space and the equipment must be treated with respect.
- 4. Student materials.** Please write your name in your Student Handbook and be sure to bring it back to each course session. Take your Student Handbook home after the course—it's yours to keep.
- 5. Electronic devices.** Keep cell phones and electronic devices on silent and put them away during class. You can check for messages at lunch or after the course. Please be sure that any electronic devices brought to class do not distract anyone during the course.

Safe Sitter® courses are always lots of fun for everyone. The ground rules are meant to help guarantee that fun. Sign below if you are willing to abide by them.

I understand the importance of Safe Sitter's ground rules. I agree to follow them in the course.

Student Signature

Date



Topic: _____ Photo/video taken: yes no

CONSENT to be in Upland Hills Health (UHH) News Stories, Educational Materials or Promotions, or UHH Foundation Purposes

I consent to be:

- Photographed
- Filmed/videotaped
- Interviewed
- Identified by name
- Other: _____
- All of the above

I consent to be included in the following:

- Public news media (including print, such as newspapers/magazines, and/or broadcast, including TV/radio/Internet)
- Upland Hills Health marketing, UHH Foundation, public relations and educational materials
- Other: _____
- All of the above

EXCLUSIONS

The undersigned agrees that Upland Hills Health may use and permit other persons to use the consented materials for purposes including, but not limited to, dissemination to hospital staff, physicians, health professionals and members of the public for educational and marketing purposes. Such use is subject only to the following limitations (list, if any):

I understand that:

1. My participation is strictly voluntary. If I do not sign this form, my health care and the payment for my health care will not be affected.
2. I will receive no compensation for my participation.
3. This consent form will expire in 100 years, unless withdrawn by you, and the materials may be retained indefinitely by UHH.
4. I have a right to withdraw my consent at any time by contacting UHH until a reasonable time before the materials are used.
5. By signing this form, the personal health care information I relay to an outside source is no longer protected by state and federal privacy laws and may be re-disclosed by that source.
6. I will be given a copy of this form after I sign it if I request it.
7. The type and amount of information to be used or disclosed is as follows: (Include dates where appropriate.)

Images featuring participation in Safe Sitter course activities

I understand that, in circumstances involving the use of outside sources (such as the news media), Upland Hills Health is acting only as the intermediary, making it possible for the aforementioned source(s) to contact me. I agree to hold Upland Hills Health and its members, directors, officers and employees harmless from any and all liability arising out of the use and/or release of information, interview, photograph/videotape/film, and subsequent publication or broadcast.

Signature of patient/subject and/or guardian:	If guardian signed, relationship to patient/subject:
Print Name of Patient/Subject:	Date
Street Address	City/State/Zip Code
Best way to contact you in case of questions (email and/or phone):	