

## Invasive Procedure Consent & Release

I understand that in the process of learning to perform skills required in the scope of practice of a paramedic that certain invasive procedures must be practiced and competency demonstrated. To that end, I understand that there will be practical labs in which I will first perform peripheral venous access on a training manikin and then I will perform peripheral venous access on one or more of my classmates. In turn, one or more fellow students will perform peripheral venous access on me.

Further, there will be labs in which I will perform intramuscular (IM) and subcutaneous (sub-q) injections on one or more of my classmates, and that one or more of my fellow students will perform IM and sub-q injections on me.

Further, there will be labs in which I will perform blood glucose monitoring on one or more of my classmates requiring the use of a lancet to draw a drop of blood, and that one or more of my fellow students will perform blood glucose monitoring on me.

All invasive procedure attempts will be accomplished under the direct supervision of a qualified preceptor and students will use medical supplies/devices approved for patient care and aseptic technique.

I understand that a qualified preceptor means a licensed professional nurse or Paramedic who meets the standards set forth the System Preceptor policy with sufficient ability that they would be considered competent to perform the skill, teach it to others, and evaluate/coach performance.

I further understand that gaining competence in performance of each of these skills is a requirement for Paramedic course completion.

I release and fully discharge NCH, and its employees, agents, and representatives, from any claim, damages, liability, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I represent and certify that my true age is at least 18 years old and am competent to contract in my own name. I have read this entire Consent and Release form. I fully understand the contents, meaning, and impact of this release and agree to be bound by it.

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Student PRINTED NAME

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Date

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Student signature

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NCH Paramedic Program representative

Phone \_\_\_\_\_

Email: \_\_\_\_\_