



University of Michigan Health System
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Return form to PRMC, 2901 Hubbard, Suite 2400, Box 2435

Observer Consent and Release Agreement

In consideration of _____ (the "Observer") visiting the University of Michigan Health System (the "University") for the purpose of observing the tasks and duties performed by _____ (position being observed), I hereby acknowledge and agree with the following statements:

The sole purpose of this observation is for the education of the Observer. I understand and agree that at all times the Observer must comply with the instructions and requests of all University personnel and all members of the medical team.

I understand that the identity of each patient and all information related to each patient's medical condition and treatment are strictly confidential, and that such information shall not be disclosed to any third party by the Observer without the consent of the patient.

I agree that I will not hold the University liable for any expense, property damage, personal injuries and/or death sustained by the Observer in connection with or resulting from this observation.

The attached medical form has been completed and is true and correct in all respects. The Observer is in good health.

Date: _____ Signed: _____
Observer
Printed: _____

Date: _____ Signed: _____
Witness
Printed: _____

Date: _____ Signed: _____
Parent/Guardian
Printed: _____

Date: _____ Signed: _____
Witness
Printed: _____