



STUDENT OBSERVATION REQUEST

Student Name: _____ DOB: _____

Address: _____ HomePhone: _____

_____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

I am a student at: _____

I am interested in: Physical Therapy Occupational Therapy Speech Therapy

I am a: Junior Senior Post Graduate Other

Available times for observation:

STUDENT OBSERVER AGREEMENT

I, _____, agree that I will uphold the highest standards of behavior when participating in educational activities/observations at Activekidz and Adult Therapy. I understand that any information that is discussed while participating in or observing therapy at Activekidz and Adult Therapy is to remain confidential and should not, under any circumstances be discussed outside of Activekidz and Adult Therapy. I agree to remain with the appropriate therapist in the treatment rooms at all times and not to engage in manipulation of any piece of equipment without explicit permission from a staff member or therapist of Activekidz and Adult Therapy.

Activekidz and Adult Therapy encourages the interest in, and the pursuit of, occupations in health care services that benefit children and their families. This organization strives to provide innovative, top-quality therapeutic services to our clients and in the pursuit of our mission and vision we also take responsibility for stimulating the interest and education of future Occupational, Speech, and Physical therapists in the community. I understand that should my behavior be inconsistent with the mission of this agency, I will be asked to discontinue my affiliation immediately.

In consideration for the privilege to participate as a student observer the undersigned does hereby agree to hold harmless and indemnify Activekidz and Adult Therapy, its affiliates and subsidiaries, owners and principals, and employees and contractors and further release them from any liability or responsibility for accident, damage, injury, illness or death to the undersigned or property owned by the undersigned. Furthermore, I understand and agree that I will be both civilly and criminal responsible for failure to maintain compliance with the policies set by Activekidz and Adult Therapy as well as those requirements set by law.

I agree with these policies and procedures and promise to abide by them during and after my affiliation with this agency.

Printed Name: _____

Signature: _____ Date: _____

This form should be completed in its entirety and faxed to (678)374-4855

PHONE: (770)207-6390 · FAX (678)374-4855