



## STUDENT BADGE ACKNOWLEDGEMENT

Acknowledgement by Student:

I, \_\_\_\_\_, (insert name of Student),  
acknowledge that the proper use of the Badge has been explained to me, and I will comply with the  
Hospital's rules and policies regarding such use.

I agree that I will return my badge to the Hospital at the end of each rotation.

I understand that my failure to follow the Hospital's rules and policies may result in the deactivation of  
my badge.

I further understand that my preceptor and/or school may be contacted if I do not comply with the  
Facility's requirements regarding the proper use of the badge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Rotation Dates:

Start: \_\_\_\_\_ End: \_\_\_\_\_

**Return badge to Security, 2<sup>nd</sup> floor, at the end of your clinical rotation.**