



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: _____

**On the last day of rotation, please return your badge and pager to
Karen Robinette 3 ½ East, #3247 near Employee Health/Neurodiagnostics.**