

## APPENDIX C

### MGH INSTITUTE OF HEALTH PROFESSIONS School of Nursing

#### CONSENT FORM FOR PARTICIPATION IN LEARNING ACTIVITIES

I, \_\_\_\_\_, volunteer to participate as a subject in classroom laboratory  
Subjects Name

activities for \_\_\_\_\_.  
Course # Course Title

I understand that the MGH Institute of Health Professions is a graduate school dedicated to preparing skilled health care professionals, and the class activities are part of their professional preparation. The purpose of my participation is for student learning only, and will not serve diagnostic or treatment purposes.

In agreeing to volunteer, I have been informed of the following:

Who will be interacting with me and how:

Description of activities:

Potential side effects or risks and precautions:

Additional Comments:

I have read the descriptions provided above. All questions have been answered to my satisfaction. I understand that I may discontinue my participation in these activities at any time. I agree that I will not hold MGH Institute of Health Professions, faculty or students responsible for any problems I may encounter as a result of my participation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

This form was prepared by: \_\_\_\_\_, \_\_\_\_\_  
Name of Faculty of Record Date