



School of Nursing Health Insurance Declination

I understand that due to my occupational exposure to potentially hazardous situations, I have been encouraged to obtain and maintain health insurance coverage for the duration of enrollment in the Clayton State University (CSU) School of Nursing Program. I understand and accept that I am wholly responsible for any and all medical/health related expenses incurred by me while I am a student at CSU.

By signing this document, I am agreeing to hold CSU and all clinical agencies participating in my educational program harmless for any and all illnesses and/or injuries during my enrollment period at CSU.

TO BE COMPLETED BY STUDENT

Student Laker ID# : _____

Student Name: _____
Last *First* *Middle*

Student Signature *Date*

TO BE COMPLETED BY WITNESS

Laker ID# : _____

Witness Name: _____
Last *First* *Middle*

Witness Signature *Date*