

## Springfield College School of Social Work and Behavioral Sciences Voluntary Clinical Experience Release

Due to the uncertainty caused by the COVID-19 pandemic and the potential risks involved with educational experiences involving regular engagement in on-site, in-person activities in fieldwork settings, students who intended to participate in a field placement in the Summer or Fall of 2020 may postpone their field placement until a later date. Students should communicate with their advisor as soon as possible if they are choosing to postpone the Fall 2020 field placement.

Those students who intend to complete a field placement during this time may participate after reviewing and executing this document and its included release and agreement to hold harmless for risks associated with such a placement.

This form is in addition to, and not a substitute for, the policies and student handbooks required of all students participating in field placements.

Since March 20, 2020, Springfield College students have been required to withdraw from those field experiences associated with their degree programs due to potential increased exposure to coronavirus 2 (SARS-CoV-2) and the risk of contracting or transmitting coronavirus disease 2019 (COVID-19), as students are not considered essential personnel.

In light of considerations from the Centers for Disease Control and Prevention (CDC), national and local healthcare regulators, local and/or state government, licensing and accrediting bodies for the programs that are represented in the School of Social Work and Behavioral Sciences, department chairs and clinical educators in the School are working with students to identify appropriate field placements.

Each department will work with our partners at sites with which the College has an active contract to resume fieldwork experiences on a voluntary basis. Students may elect to postpone their placement until a later time, withdraw from fieldwork experiences, take a leave of absence, or pursue didactic coursework alone, as available.

PLEASE NOTE: You may print, initial, and sign the document and then scan it and save it as a PDF file, or you may enter digitized versions of your actual initials and signature in the appropriate fields and save the file. Typed initials and typed signatures are unacceptable.

Please initial each statement below.

\_\_\_\_ My participation in a clinical experience program is entirely voluntarily and I have carefully considered the attendant risks of such participation, up to and including illness or death.

\_\_\_\_ I understand that I may be at risk of exposure to SARS-CoV-2 and contracting COVID-19 at a clinical site.

\_\_\_\_ I understand that, even when the reported risk of contracting COVID-19 is diminished, it may still be present and significant.

\_\_\_\_ I understand that the long-term sequelae of SARS-CoV-2 infection have not been established, and that the short-term effects can be serious or even fatal.

\_\_\_\_ I accept the potential increased risk of contracting COVID-19 if I choose to engage in these field experiences.

\_\_\_\_ I agree to indemnify and hold harmless Springfield College and the fieldwork site to which I am assigned of any exposure, illness, disability, or sequela if a COVID-19 infection was to occur.

\_\_\_\_ I understand that I, myself, am responsible for any and all costs and financial obligations associated with exposure, testing, and treatment for this or any other infectious exposure during a field experience associated with my degree program.

\_\_\_\_ I understand that I have the right to determine that the risks of participating in field experiences at this time is unacceptable to me, personally.

\_\_\_\_ I understand that I have the right to withdraw from field experiences, take a leave of absence, or pursue didactic coursework alone and as available.

\_\_\_\_ [I have viewed the Covid-19 CDC PPE safety training](#) (click text for link)

\_\_\_\_ [I have confirmed with the DGSW that I have viewed the Covid-19 CDC PPE safety training](#) (click text for link)

If you agree to all of the above, sign here:

My signature below indicates my understanding of all of the above as well as my intent to voluntarily continue in my degree program with participation in clinical experiences as accepted. I acknowledge that I have carefully considered the risk and understand that can take the opportunity to seek legal counsel independently prior to executing this document.

\_\_\_\_\_  
Printed name Signature Date

If you do not agree to all of the above, sign here:

Please initial the statement below.

\_\_\_\_ I understand that I have the right to withdraw from fieldwork experiences, take a leave of absence, or pursue didactic coursework alone and as available.

My signature below indicates my intent not to continue my participation in fieldwork experiences at this time. I understand that I may rescind this decision at a later date by completing this form.

\_\_\_\_\_  
Printed name Signature Date

A copy of this document will be retained by the Office of General Counsel.