

ATTACHMENT: Family Consent Form

Student Information

Name _____

PID _____

Faculty Name _____

Family Information

Names of adults _____

Address _____

Phone _____

Permission to visit

Mr./Ms. _____ has requested permission to visit our family as part of his/her program in the Ohio University School of Nursing. We, the undersigned, understand that this experience is to facilitate this individual's learning. We also understand that the results of this experience will be confidential. We grant permission for these visits to occur.

Signature(s) _____

Date signed _____

Faculty Approval

Signature of NRSE 330 instructor _____

Date signed _____