

**Latex Allergy Release Form**  
**Allied Health Department | Mineral Area College**

I understand that the Allied Health Department at Mineral Area College, including its clinical labs and clinical rotations, is not a latex free environment and therefore the risk of exposure to latex cannot be eliminated.

I further understand that, due to my participation in a nursing program, I may be exposed to latex which may result in a worsening of my pre-existing condition and lead to potentially life-threatening symptoms. I accept these risks knowingly and voluntarily and will take all reasonable precautions to prevent such exposure.

Further, I understand that: it is my responsibility to be aware of potential exposure to latex in my learning environment and to avoid or minimize such exposure; it is my responsibility to notify each of my course instructors/clinical faculty or preceptors of my latex sensitivity/allergy in every situation where potential exposure may be present; it is my responsibility to follow up with my health care provider/allergist for services related to my latex allergy and follow their recommendations; it is my responsibility to assume any costs related to latex allergy screening and treatment.

By my signature, I release and discharge Mineral Area College, its officers and employees from any and all responsibility and liability related to personal injury suffered by me as a result of exposure to latex in the Allied Health classroom, laboratory or during a clinical rotation at an outside facility.

All students with a latex sensitivity or allergy are required to satisfactorily complete all requirements and technical standards of the program to which they have been accepted. The Allied Health Department reserves the right to rescind the admission status of any student not meeting all pre- and post- admission and program requirements.

I have read and been informed about the content, requirements, and expectations of the preceding policies that are required as a nursing student at Mineral Area College. I have received a copy of the policies and agree to abide by the guidelines as a condition of my acceptance into the nursing program.

- I acknowledge that I have a latex allergy.     I do not have a latex allergy.  
 I have an epi-pen. I carry my epi-pen with me, it can be found here: \_\_\_\_\_

MAC Student ID: \_\_\_\_\_ Student Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Student Signature: \_\_\_\_\_