



## Health Insurance Waiver

Student name: \_\_\_\_\_

In the event of an injury or illness to a CNA student during a classroom or clinical activity, the student is responsible for all expenses incurred for medical care or treatment of the injury or illness.

By signing this agreement, I agree to the above statement.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_