

Laboratory Participation Agreement

Occupational Therapy Assistant Program



I, (name) _____, agree to participate in Indian Hills Community College Occupational Therapy Assistant program laboratory activities. I will be expected to attend laboratory activities scheduled at on and off campus locations. During the laboratory experiences I will role – play as an OTA and patient. I will be expected to have physical contact with other students while learning various examination skills and therapeutic interventions. Examples of such laboratory experiences include palpation of exposed anatomical landmarks and application of various therapeutic modalities. During the laboratory experiences I agree to follow theories and principles of safe, legal and ethical practice. Safety policies are described in student handbook with specific lectures and orientation occurring in during initial coursework.

Name: _____

Signature: _____ Date: _____