

BELLEVUE COLLEGE
RADIATION THERAPY PROGRAM

**ACKNOWLEDGMENT OF STUDENT'S LIABILITY FOR
HEALTH INSURANCE AND MEDICAL CARE COSTS**

I have read the Student Handbook and attended the orientation session regarding health insurance coverage.

I understand that neither Bellevue College, the Radiation Therapy Program nor any of the clinical education settings (e.g. hospitals and clinics) affiliated with the Radiation Therapy Program provide health care coverage for the students.

I understand that I am responsible for any medical care costs incurred by me due to illness or injury, even if the injury occurred during clinical education classes.

I understand that if I am injured at a clinical education center, the clinical education center will provide emergency medical care or have me taken to an appropriate medical care facility. The cost of the care will be my responsibility.

It has been recommended that I carry my own health care insurance policy and/or the Student Accident and Sickness Insurance Plan.

Student Name

Signature

Date