

## **MEDICAL OBSERVER VISIT AGREEMENT**

Prior to starting your experience at the Hospital for Sick Children ("SickKids") you are required to sign this Agreement. This document describes your responsibilities during your experience and other important information you should know. By signing, you agree to the following:

1. Your observation cannot compromise the patient care and service objectives of SickKids. SickKids staff is the final authority for the integration of your observation into SickKids. Each patient has the right to refuse to be a participant in your observation.
2. You must comply with all rules, regulations, guidelines, policies and procedures of SickKids ("SickKids Policies") and maintain appropriate behaviour while at SickKids. SickKids has the right at any time to terminate your observation, require you to leave or refuse you admission to its premises because of your conduct.
3. You must respect patients' privacy and keep confidential patients' records and all other hospital information. If confidentiality is breached, in addition to any rights and legal remedies of SickKids, your observation may be terminated immediately.
4. If your placement is for 5 days or more, it is a condition of your experience that you provide Occupational Health and Safety Services with satisfactory documentation of 2-step TB testing and of immunity to rubella, measles and chicken pox prior to your start date. Failure to provide such documentation will delay the start date of your observation or terminate it.
5. You are responsible for the following:
  - a. all financial cost you incur arising from your observation visit including, but not limited to, the cost of meals, uniforms, uniform laundering, accommodations, parking, transportation and emergency medical care;
  - b. meeting the required standards and obtaining the necessary certifications, registrations and licenses applicable to your observation experience; and
  - c. If applicable, obtaining all authorizations required to participate in the experience in Canada in accordance with Canada's Immigration and Refugee Protection Act and its related regulations, or any other statute subsequently passed to take the place of the said act or to amend the same, and all costs associated therewith.
6. You acknowledge, understand and agree that SickKids does not provide any health insurance, and in particular workplace safety insurance, coverage or benefits, to any Learners, in respect of any injuries suffered by you during the course of the Experience. You shall obtain insurance coverage for any injuries which you may suffer during the course of your Observation, and shall forward to SickKids evidence, if requested, prior to the start of the Observation. In the event there is an accidental injury or illness during your Observation, you are responsible for following all applicable Occupational Health and Safety Services policies.
7. You agree that, with the exception of scholarly works, all intellectual property you create while at SickKids, either on your own or with others, through work, study or research and development activities, will be the property of SickKids. You agree to irrevocably transfer all of your rights, title and interest in and to the intellectual property to SickKids. You will waive any moral rights in favour of SickKids, or persons acting under or with the authority or permission of SickKids. You agree to sign and give SickKids any agreements, assurances, undertakings, acknowledgements or other documents we may reasonably require relating to the intellectual property during your visit or afterwards.
8. This visit is an observational only and you may not participate in patient care.
9. You agree that this agreement shall be construed, interpreted and enforced in accordance with the laws of the Province of Ontario and the laws of Canada and you irrevocably and unconditionally submit to the exclusive jurisdiction of the courts of the Province of Ontario and all courts of competent jurisdiction to hear appeals.

I have read and understood the above this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
(day) (month) (year)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Country: \_\_\_\_\_

Agency / Hospital / Institution Name: \_\_\_\_\_

Duration of Visit (dd/mm/yyyy) from: \_\_\_\_\_ to: \_\_\_\_\_