



## Healthcare Programs

## Student Travel Agreement

### **Protect yourself – Protect your classmates – Protect your semester!**

Please complete and return this form as your record of agreement for travel to off-site clinical and practicum settings.

- As a healthcare student, I will follow all instructions, directions, procedures and/or guidelines for my individual program. I understand not doing so will result in dismissal from the program.
- As a healthcare student, I will participate as required in using the LCC #CampusClear App, accurately reporting all information requested.
- Healthcare students who are unwilling to comply with all parts of this agreement will not be allowed to participate in off-site clinical and/or practicum experiences and will be subject to Code of Conduct discipline as outlined in the College Catalog, up to, and including expulsion.

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**Healthcare Student (print name)**

**Healthcare Student Signature**

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**Faculty/Instructor Signature**

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**Date**

**Your faculty members/instructors, off-site locations, and fellow students are relying on you to behave with integrity and honor and to represent your program safely and effectively. Thank you for your cooperation!**