

**Practical Nursing Program
Nurse Pack Waiver Form**



NURSE PACK WAIVER FORM

**I, _____
Print Full Name**, have received and understand the instructions given to me by the nursing faculty informing me of my personal responsibility in the care and proper usage of the nurse pack and all of its contents. I understand that the practice medications and supplies included in the nurse pack are not for use or consumption on any human or animal, and have also been instructed in the proper care, usage, and disposal of all the sharps contained in the nurse pack. I know and understand that I will be using these supplies at my own risk. In signing this I am assuming full responsibility for the proper care and use of all the supplies in the nurse pack.

Signed _____

Dated _____