

**Quinte Health Care**

### Trenton Memorial

**242 King Street**

**Trenton, ON K8V 5S6**

**T: (613) 392-2540**

**F: (613) 392-3749**

**Quinte Health Care**

## Prince Edward

### County Memorial

**403 Main Street E.**

**Picton, ON K0K 2T0**

**T: (613) 476-1008**

**F: (613) 476-8600**

**Quinte Health Care**

## North Hastings

##### 1H Manor Lane

**P.O. Box 157**

**Bancroft, ON K0L 1C0**

**T: (613) 332-2825**

**F: (613) 332-3847**

**Quinte Health Care**

#### Belleville General

**265 Dundas Street E.**

**Belleville, ON K8N 5A9**

**T: (613) 969-7400**

**F: (613) 968-8234**

*Our Vision: “Exceptional Care, Inspired by You”*

Date:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am a student from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I will be going to Quinte Health Care for a placement in Winter 2021. I acknowledge QHC’s policy on self-isolating for 14 days if I am coming from outside of their designated ‘safe zone’ which includes Hastings & Prince Edward, Kingston, Frontenac & L&A, Peterborough, Renfrew, Haliburton/Kawartha/Pine Ridge. I have completed this self-isolation period and am ready to begin placement.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature:

School Coordinator signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: