

Cape Cod Community College
Dental Hygiene Program

Local Anesthesia Course Participant
Informed Consent Statement

I understand that it is to my educational benefit to serve as a subject and /or patient in clinical leaning, laboratory and classroom situations.

Upon registering for the lecture and clinical practice course in local anesthesia, I understand I will be receiving anesthetic injections as part of the practice of my fellow students. I certify that I am physically and psychologically able to both administer and receive oral injection as a condition of course completion. I consent to these injections given under the supervision of program clinical instructors. I understand it is my responsibility to determine and report to the course instructor and supervising dentist any medial conditions or other conditions that would prohibit the safe use of local anesthetic preparation on me prior to the course. I further agree to immediately report any adverse reactions to the anesthetic drug or any situation of anesthetic administration.

It is my understanding that all activities are performed under appropriate supervision and according to applicable laws, regulation and safety standards.

I further understand it is my right to express any and all concerns and/or contraindications for activities for which I am a subject. I will report immediately any adverse reactions that I may experience. I understand that I may revoke this consent in writing at any time and that if I refuse to participate in program activities that may place me at risk, as outlined above, that I am responsible to provide an appropriate subject for the completion of the required activity.

My signature verifies that I have had an opportunity to ask questions regarding circumstances outline above, to discuss the policies and release forms contained therein. I accept the responsibilities set forth by these statements.

Student Name (Print) _____

Date _____

Student Signature _____

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Witness Name (Print) _____

Date _____

Witness Signature _____