

NHTI, CONCORD'S COMMUNITY COLLEGE
Dental Hygiene & Dental Assisting Continuing Education

STUDENT CONSENT FORM

As a student in an expanded duty course which involves clinical work, you will be expected to act as a patient for a student partner.

Please read the following information carefully so you will understand the conditions under which students will be treated.

1. This is an educational setting, therefore, students will complete procedures under the supervision of NHTI faculty, a private practice dentist or a hygienist.
2. Procedures will be performed on each student based on course requirements.
3. Students are required to provide a complete, accurate medical and dental history prior to initiating any procedure. Such information is confidential and considered essential for safe clinical practice. If additional information concerning your medical history is needed, NHTI faculty will contact your personal medical care provider.
4. Fellow students depend upon you to complete course requirements and use their time productively.
5. The Allied Dental Education Department of NHTI reserves the right to refuse treatment if the health and/or safety of the client, student or faculty is in question.
6. There is always a certain risk in any clinical procedure.
7. NHTI will contact your insurance company, if needed, to obtain verification of liability insurance.

Having read the above information, I verify I understand the contents and am willing to have clinical procedures practiced on me.

Name: _____

Date: _____ Phone: _____

Signature: _____