INFORMED CONSENT FORM

As a participant/student in a clinical course, you will be expected to act as a patient for a student partner, and act as a clinician by performing clinical work.

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 NH licensed dentist or 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 NHTI Dental Coordinator for Continuing Education and dental course instructors reserve the right to refuse treatment if the health and/or safety of the student, patient, or faculty is in question.

6. There is always a risk in any clinical procedure. By participating in the course, the student assumes responsibility for her/his actions required as a participant and agrees that NHTI and course personnel are not responsible to any participant injured as a result of their voluntary participation in the course.

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 and to perform clinical procedures as required in the course.

Name: ________________________________

Date: ___________________ Phone: ___________________________

Signature: __________________________________________________