

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

LOCAL ANESTHESIA INFORMED CONSENT

I acknowledge my voluntary participation in the Local Anesthesia Administration for Dental Hygienists course at NHTI. I understand that in order to participate in the clinical portion of the Local Anesthesia for Dental Hygienists course, I will be required to administer local dental anesthesia injections to a fellow participant, as well as receive **injections**. The injections will take place in the Dental Hygiene Clinic at NHTI with direct supervision of a NH licensed dentist and qualified dental hygienist educator(s).

I have accurately completed the Medical History Form and will update the Course Coordinator as to any changes in my health prior to the start of clinical sessions. In the event my health status changes and I am unable to receive injections, I will provide a note from a physician to the Course Coordinator. It will then become my responsibility to find a substitute. I understand that the substitute will have to be approved by the Course Coordinator and **will be required to** provide the appropriate paper work prior to clinical sessions.

I understand that there is always a certain risk entailed in any injection of local anesthetic, and I am willing to undertake the risk of giving and receiving these injections. By participating in this course, I assume responsibility for my actions required as a participant and agree that NHTI and course personnel are not responsible to any participant injured as a result of voluntary participation in the course.

Participant Name (print):

Participant Signature_____

DATE:_____

If applicable:

Patient substitute (print):

Patient signature:

DATE:

Please return to: Business Training Center
NHTI, Concord's Community College
31 College Drive
Concord, NH 03301
603-271-6667 (fax)