



# DENTAL HYGIENE LOCAL ANESTHESIA COURSE PARTICIPANT INFORMED CONSENT STATEMENT

I, the undersigned, hereby acknowledge that I have voluntarily agreed to participate in the Dental Hygiene Local Anesthesia Certification program at Middlesex Community College. I have completely and accurately revealed and described my previous and current medical and dental conditions on my health history form, which is hereby incorporated by reference.

Upon Registration for the lecture and clinical practice course in local anesthesia I understand I will be administering and receiving injections as a condition of course completion. The injections will take place in the Dental Hygiene lab at MCC with direct faculty supervision and according to applicable laws, regulations and safety standards. I understand that if I am pregnant, breast feeding, or have other health concerns (*ie: high blood pressure, allergies to local anesthetic, or oral lesions*) that will not exclude me from participating in the training, but will preclude me from receiving injections of anesthetics, I will provide a substitute over the age of 18 to serve as a patient to receive injections on my behalf. If I require a substitute, I will notify Middlesex Community College prior to the clinical training and my substitute will be required to provide a medical history.

As with all dental hygiene treatment, I know there is a possibility that I may experience discomfort. I also understand that there are certain risks entailed in any injection of local anesthetic including but not limited to local complications such as: trismus, hematoma, transient paresthesia and facial nerve paralysis. I am willing to undertake the risk of giving and receiving these injections.

I hereby knowingly, freely, and voluntarily release and hold harmless the Commonwealth of Massachusetts, Higher Education Coordinating Council, Middlesex Community College and their agents, employees, servants, students and assignees from any and all liability, claims, demands or causes of action whatsoever, including liability for negligence, arising out of any damage or injury which I might suffer in the course of, or related to, participation in the Dental Hygiene Local Anesthesia Certification Training Program at Middlesex Community College.

Student Name (print) \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

***If applicable***

Patient Substitute Name (print) \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_