LOCAL ANESTHESIA FOR DENTAL HYGIENISTS

INFORMED CONSENT
AND RELEASE AGREEMENT

Acknowledgment of Receipt of Information

As a consenting adult, I agree to permit fellow students and faculty of Gulf Coast State College Dental Programs to perform anesthesia procedures as applicable to the Local Anesthesia for Dental Hygienists course in which I am enrolled. Please realize that what you are being asked to sign is a confirmation that we have discussed the nature and purpose of the procedure(s), the known risks associated with the procedure(s), and the feasible alternatives; that you have been given an opportunity to ask questions and that all your questions have been answered to your satisfaction. Please read this form carefully before signing it and ask about anything that you do not understand. You are advised that the primary purpose of the Local Anesthesia for Dental Hygienists course is for teaching purposes and therefore you will be participating in the teaching program. We will be pleased to explain anything further to you.

Consent and Release

Before receiving any injection, I acknowledge that I have asked or had the opportunity to ask the dental faculty about the injection procedure(s) and having asked such questions consent to the commencement of the procedure(s). I hereby authorize and direct the Dental Student to assist and/or provide practice of local anesthesia procedures as evaluated by a licensed dentist and/or dental hygiene faculty member.

Procedures practiced may include, but are not limited to: Medical and Dental History analysis and continuous review and the application of topical/local anesthesia as administered by the student, licensed Dental Hygienist, and/or licensed Dentist. While highly unlikely, we must inform you that there may be irritation of, or damage to, the tissues involved, including that caused by any injected anesthetic medications.

Authorization to Utilize Images

I also authorize Gulf Coast State College to use and/or permit others to use the aforementioned images in the following educational, informational and promotional activities without compensation.

| _____ News Media       | _____ Educational Publications/Videos |
| _____ Institutional Promotion/Advertising | _____ Electronic Publishing (i.e. World Wide Web) |

Patient initial each activity

Liability and Release

The undersigned acknowledges that the College is a public institution that is subject to the Florida Sunshine Laws that require the records and documents of the College to be available for public inspection. The undersigned acknowledges that his/her records may be subject to the Florida Sunshine Laws and therefore possible distribution to the public in the event of a public records request. The College will maintain any documents such as medical or dental records that is privileged and protected by other federal or state laws.

By signing this form, I am consenting to the procedure(s) associated with the Local Anesthesia for Dental Hygienists course and I am releasing Gulf Coast State College from liability from any injury that might occur as a direct result from this/these procedure(s). Before participating in scheduled lab sessions, I acknowledge that I have read and that I understand this consent agreement, that I have been given an opportunity to ask any questions I might have had, and that those questions have been answered in a satisfactory manner. I also understand that I am free to withdraw my consent to receive an injection at any time.

Date ___________________________ Time ___________________________

Signature of Student

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Signature of Dental Faculty (Registered Dental Hygienist or Licensed Dentist)

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CEU_Dental_Consent_Release_Agreement