

Midwestern University
College of Dental Medicine
Continuing Education Office – Martha Clements

**REQUEST AND CONSENT FOR LOCAL ANESTHESIA INJECTIONS
AND NITROUS OXIDE ANALGESIA -**

I, _____, (print name) hereby acknowledge that I have voluntarily agreed to participate in the Dental Hygiene Local Anesthesia Certification, Continuing Education program at Midwestern University College of Dental Medicine – Arizona (MWU CDMA).

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 combined academic and practical course on local anesthesia and nitrous oxide, I understand I will be administering and receiving intraoral local anesthetic injections and nitrous oxide as a condition of course completion.

The injections and nitrous oxide will take place in the Dental Institute clinical facilities at Midwestern University College of Dental Medicine, with direct faculty supervision and according to applicable laws, regulations, and safety standards. I understand that if I have any of several health conditions that may preclude me from receiving local anesthetic solutions or injections, e.g. high blood pressure, allergies to local anesthetic solutions, oral lesions, or am pregnant or breast-feeding, etc., these will not exclude me from participating in the training, but may preclude me from receiving injections or the injection of local anesthetic solutions. (Documentation from my physician stating the reason for the preclusion should be provided.)

If I cannot receive injections or nitrous oxide, I agree to 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 the MWU CDMA Continuing Education Office prior to the clinical training and my substitute will be required to accurately complete a current medical history questionnaire and complete the informed consent and release form. 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 anesthetics including, but not limited to, 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 Midwestern University College of Dental Medicine 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 and Nitrous Oxide Analgesia Certification CE Program at Midwestern University College of Dental Medicine.

Participant Name (print) _____

Participant Signature _____

Date _____

I also understand that there are certain risks entailed with nitrous oxide anesthetics including, but not limited to, complications such as: numbness in hands and feet, memory loss, or limb spasms and the common side effects are nausea, dizziness, and headaches. I am willing to undertake the risk of giving and receiving nitrous oxide.