

CONSENT FORM

PEER EXERCISE IN THE ADMINISTRATION OF LOCAL INFILTRATION & BLOCK ANAESTHESIA

I hereby give my consent to participate in the administration of local infiltration and/or block anaesthesia. I will let a peer administer local anaesthesia in my mouth and I will administer local anaesthesia to one of my peers under staff supervision.

Please indicate if you answer YES to any of the following:

Allergies Medication/s Heart murmur

Bleeding disorder/s Rheumatic fever Pregnancy

To my knowledge there are no contraindications for the administration of local anaesthetic agents.

Signature: _____ **Date:** _____

Name printed: _____

I do NOT consent to the participation in the administration of local infiltration and/or block anaesthesia. I hereby reject to have my mouth anaesthetized by a peer.

Signature: _____ **Date:** _____

Name printed: _____

The exercise is aimed at gaining experience in the procedure before starting to administer local anaesthesia to any patients in my care.

I fully understand that I have the right not to take part in this exercise at any time.

Please feel free to discuss any concerns you have in relation to your medical history in confidence with Dr. Mary Clarke or the course co-ordinator.