



**Oregon Health & Science University
School of Dentistry
2014-2015 Dental Explorer Program**

PARTICIPANT CONSENT FORM

INTRODUCTORY STATEMENT: Oregon Health & Science University (OHSU) is a multidimensional institution dedicated to health education, medical research and patient care. Education is essential to prepare our students for future contributions to these fields.

The participant will be involved in a program through the OHSU School of Dentistry. At that time, participants (at or above the freshman level of high school) will visit and work in dental school lecture rooms, multi-disciplinary laboratories and patient treatment areas. Although most participants are inspired and intrigued by this experience, they should be aware of the possible risk(s) associated with activities included in this experience. We ask that the participant provide us with written consent indicating that he/she and the parent or guardian (when required) are informed and aware of this possibility. If you have any questions, please contact Mark Mitchell at (503) 494-5274 or sodadmit@ohsu.edu. Thank you for your cooperation.

CONSENT:

I understand that I or my dependant will visit the OHSU School of Dentistry in order to complete an oral health care career exploration program by participating in a program through OHSU, which may include the use of Bunsen Burners and sharp objects, such as carving tools and syringes, and contact with trace elements of mercury and human saliva. I understand that this activity is limited to participants at or above the freshman level of high school. I, the participant, and parent or guardian of the participant (when required) have considered the aforementioned issues and accept responsibility for possible outcomes.

_____, (name of participant) has permission to participate in this activity.

Signature of Participant

Print Name

Date

Signature of Parent or Guardian
(Required of minors under the age of 18)

Print Name

Date

Please return to:
OHSU School of Dentistry
Office of Admissions and Student Affairs
MC: SD-SA
2730 SW Moody Ave.
Portland, OR 97201-5042