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 American Student Dental Association in cooperation with the OHSU School of Dentistry. At that time, participants (at or above the freshman level of college or university) 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 ASDA/OHSU, which may include the use of Bunsen Burners, dental handpieces, and sharp objects, such as carving tools, burs 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

_____________________________________    __________________________________
Signature of Participant
Print Name

Date

Email

Phone

_____________________________________    __________________________________
Signature of Parent or Guardian
Print Name
(Required of minors under the age of 18)

Date

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