

UNIVERSITY of the FRASER VALLEY
Certified Dental Assistant Program
INFORMED CONSENT
Minor Child Participation in Certified Dental Assistant Public Clinic

I, _____, of (mailing address) _____

British Columbia, **ACKNOWLEDGE** that I am the legal guardian of the minor child,

(the “Child”)

and I voluntarily choose to have them participate in the Certified Dental Assistant public clinic (the “Clinic”) sponsored by the University of the Fraser Valley (the “University”). I am aware that the purpose of the public clinic is to provide Certified Dental Assistant students with the opportunity to learn proper methods of:

- a) polishing clinical crowns and applying topical fluoride (approved by the dentist);
- b) taking dental radiographs (approved by the dentist);
- c) placing sealants (approved by the dentist);
- d) applying desensitizing agents (approved by dentist);
- e) providing oral health instructions;
- f) other practice sessions ongoing during the clinical course.

I ACKNOWLEDGE that I am aware that the purpose of the screening dentist in their scrutiny of my Child’s teeth prior to their participation in the said public clinic is to determine my Child’s suitability to receive the limited dental services outlined at (a) to (f) above, and **is not a substitute for regular care by their own dentist.**

I am aware that the University is collecting and storing my personal information and that of my Child that I am providing to it in connection with the Clinic. This collection and storage is authorized pursuant to the *University Act* and in accordance with the *Freedom of Information and Protection of Privacy Act*. This information will only be used for the purpose of teaching and education by the faculty and students of the Certified Dental Assisting program at the University. My records may also be reviewed by the CDAC (Commission on Dental Accreditation of Canada) for assessment purposes. Further, I consent to the University disclosing any such personal information to the dentist named on page 1 of this form.

I am aware that participation in the Clinic exposes my child to risks and dangers, which include, but are not limited to, the potential for bodily injury or illness (including contraction of COVID-19 or other communicable illnesses), all of which are, collectively, referred to as the “Risks”.

I confirm that I have read this document and that I fully understand it. I also confirm that I understand the Risks of my Child taking part in the Clinic and, notwithstanding those risks, I consent to their participation in the Clinic.

Parent or Guardian Signature: _____

Date: _____

