

**Butler Community College Simulation Hospital  
Consent Form**

I (print patient's name) \_\_\_\_\_ hereby authorize

Dr. \_\_\_\_\_ and his/her surgical team to perform or administer such

treatment or procedure upon me as may be necessary.

The treatment or procedure is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

(Please clearly print the name of the treatment or procedure with NO abbreviations.)

Please check if you consent to these other options. Please leave blank if you DO NOT consent to these.

[ ] If any unforeseen condition arises during the surgery that requires the judgment of the surgeon that was not discussed, I further consent to authorize the surgeon and his/her team to do whatever is necessary.

[ ] I consent to the administration of blood products during the treatment/procedure.

[ ] I consent to anesthesia as explained by the anesthesiologist or the nurse anesthetist. I further understand the risks are rare but may include: infection, bleeding, drug reactions, blood clots, stroke, heart attack, brain damage, nerve damage, blindness, dental injury, or death.

**The surgeon has discussed the following about the treatment/procedure.**

1. The treatment/procedure has been explained to me.
2. The purpose of the treatment/procedure has been explained to me.
3. The risks have been explained to me.
4. No definite results have been promised.

**The treatment/procedure at this facility.**

1. Students and others may watch the treatment or procedure.
2. The treatment/procedure may be video recorded for diagnostic and instructional purposes.
3. If any team member is exposed to my blood or body fluids, my blood will be drawn and tested for HIV and Hepatitis. The tests will be reported in my medical record.

I have read this form or this form has been read to me. I understand its contents.

\_\_\_\_\_  
Date                      Time                      Signature of Patient  
Patient is a minor, \_\_\_\_\_ years of age and is unable to consent because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

(2<sup>nd</sup> witness is required with a telephone consent or with someone other than the patient signing for consent)