



ARIZONA SUNSET SCHOOL OF DENTAL ASSISTING

Dental Assisting Student Uniform Dress Code & Requirements

In accordance with the professional dress code of Arizona Sunset School of Dental Assisting, below is the dress code and requirements for the Dental Assisting students during session and when in clinical settings:

- Scrub top/bottom from Uniform destination.
**No jeans or sweatpants allowed.*
- Jeweled neck, turtle neck or long sleeved plain t-shirt to wear under scrub tops during cold weather.
**No sweaters or sweatshirts allowed.*
- Closed toed shoes/sneakers.
**No canvass sneakers, no clogs, sandals, open toed shoes or flip flops allowed in clinical settings.*
- Socks that cover ankles.
- Hair must be up and off the collar.
- Light or no make-up, and light perfume or after shave.
- No long or artificial nails.
- No jewelry. Small stud earrings are acceptable.
- No visible piercings, oral piercings or offensive tattoos.

Students need to be prepared for class with the following:

- Pencil, pen and notebook.
- Course materials that are provided.
- Textbook

Student Signature _____ Date _____



ARIZONA SUNSET SCHOOL OF DENTAL ASSISTING

Hold Harmless Agreement

Arizona Sunset School of Dental Assisting and student acknowledge that there is some risk of accident or injury associated with the use of equipment and other aspects of the course of study, including but not limited to **direct care and contact of other students, clients, patients, or residents at the clinical or training facility site**. Student does hereby waive, release and discharge **Arizona Sunset School of Dental Assisting** and or any of its participating **Preceptor Sites** of any and all liability and all claims for damages for death, exposure to hazardous bodily fluids, personal injury, or property damage which may have or which hereafter accrue to me as a result of participation in the **program**.

This release is intended to discharge the school and its officers, preceptor sites, employees, representatives, students, volunteers and agents from and against any and all liability arising out of or connected in any way with my participation in the training, internship/externship, hands-on activities, practice or other activities. Knowing risks exists, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all persons or agencies mentioned above that might otherwise be liable to me or my heirs or assigns for damages. I further understand and agree that this waiver, release and assumption of risk are to be binding on my heirs and assigns.

If injured while at a preceptor site and medical treatment is necessary, I understand that I must go to the medical facility on my insurance plan to receive appropriate care and that any cost incurred as a result of such medical treatment will be my responsibility. An injury report must be filled out immediately following the incident and a copy left with the site supervisor and one faxed over to Arizona Sunset School of Dental Assisting.

Student Signature _____ Date _____



ARIZONA SUNSET SCHOOL
OF DENTAL ASSISTING

Photograph/Video Release

I _____,
(name)

Give permission

Do not give permission

to Arizona Sunset School of Dental Assisting to use my photograph(s) or videos taken during school hours in any and all marketing materials. This includes Facebook page, Website or other social media the school may utilize to promote the program.

Student Signature _____ Date _____