



# MOUTHGUARD CONSENT FORM

## - REGIONAL TRIAL -

The Department of Education Curriculum Activity Risk Assessment (CARA) guidelines mandate that **mouthguards are compulsory** for students wishing to participate in a school sport representative event for the sports listed below.

- Australian Football (AFL)
- Hockey
- Rugby League
- Water Polo
- Rugby Union

The Department of Education strongly recommends that students wear custom-fitted mouthguards. Parents / Carers are requested to refer to the Australian Dental Association website below in order to make an informed choice about the different types of available mouthguards.

<https://www.ada.org.au/Your-Dental-Health/Teens-12-17/Mouthguards>

If a student is unable to wear a mouthguard for medical reasons, then a signed medical clearance certificate is required prior to participating in the representative event.

Please complete the parent / carer consent permission section below and return this form to the relevant team official, along with all other required paperwork, **prior** to the representative event.

Failure to comply with this permission process will mean that the student will be unable to participate at the specific representative school sport event.

### STUDENT DETAILS

Student's Name	
Date of Birth	
School	

### Parent / Carer Consent and Medical Declaration

I, \_\_\_\_\_ (name of parent) understand that mouth protection is mandatory in this sport. I have read the information provided to me about mouth protection and accept responsibility for the type of mouth protection I/my child will wear whilst playing this sport.

I confirm that the above mentioned student:

Please tick one of the boxes below

- has **NO** identified medical condition/s that may impact on their safety by wearing a mouthguard during participation in this sport.

OR

- has an identified medical condition/s that may impact on their safety during participation in this sport and therefore **cannot wear a mouthguard**. The required medical clearance certificate is attached.

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_