MOUTHGUARD CONSENT FORM
- DISTRICT 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: _____