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| **MOUTHGUARD CONSENT FORM** |

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.

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| * Australian Football (AFL)
 | * Rugby League
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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 along with all other required paperwork, **prior** to Interschool sport commencing representative event.

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

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| **Student Details** |

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| Student's Name |  |
| Date of Birth |  |
| School |  |

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |