

## 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)
- Rugby League
- Rugby Union

Hockey

Student's Name

Water Polo

The Department of Education strongly recommends that students wear <u>custom-fitted</u> 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 <u>signed medical clearance</u> <u>certificate</u> 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.

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

## STUDENT DETAILS

| I   | Date of Birth  |                          |  |          |  |  |
|-----|--|--------------------------|--|----------|--|--|
| ;   | School   |                          |  |          |  |  |
|     |  |                          |  |          |  |  |
|     | P  | arent / Carer Con        | sent and Medica                                | l Declai | ration   |  |
| ac  | cept responsibility f  | ort. I have read the int | formation provided to<br>protection I/my child | o me abc | at mouth protection is<br>out mouth protection and<br>ar whilst playing this spo |  |
| PΙέ | ease tick <u>one</u> of the  | boxes below              |  |          |  |  |
| 0   | has <b>NO</b> identified medical condition/s that may impact on their safety by wearing a mouthguard during participation in this sport.   |                          |  |          |  |  |
| OF  | ₹  |                          |  |          |  |  |
| 0   | has an identified medical condition/s that may impact on their safety during participation in this sport and therefore <b>cannot wear a mouthguard</b> . The required medical clearance certificate is attached. |                          |  |          |  |  |
| Siç | gnature of Parent:   |                          |  | Date:    |  |  |