

Consent information - Mouthguard

Revised Department of Education [guidelines](#) for contact sports specify students are required to wear a mouthguard when participating in Australian Football, Hockey, Rugby League, Rugby Union, Water Polo and Handball (European/team).

The Department and Mango Hill State School strongly recommends that students wear custom-fitted mouthguards. Information about the different types of mouthguards can be found at:

- Sport Medicine Australia - Dental Injuries: sma.org.au/sma-site-content/uploads/2018/04/MouthGuard and;
- Australian Dental Association: www.ada.org.au/Your-Dental-Health/Teens-12-17/Mouthguards

I understand that mouth protection is mandatory in some sports (Australian Football, Hockey, Rugby League, Rugby Union and Water Polo). I have read the information provided to me about mouth protection and accept responsibility for the type of mouth protection my child will wear whilst playing this sport.

Parental / 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 my child will wear whilst playing this sport.

I also 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 below and must be completed).

Signature of Parent/ Guardian: _____ **Date:** _____

Players will not be permitted to take the field without a mouthguard, unless the following written permission is received from parents/ guardians in the section below.

I hereby give permission for my child _____ to participate in the Rugby Academy training sessions **without** a mouthguard for the following reasons: * *(specific reasons must be provided)*

I accept the costs and responsibility for any injuries/ damage that may result from participating in this activity without a mouthguard.

Signature of Parent/ Guardian: _____ **Date:** _____