

KENMORE STATE HIGH SCHOOL

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Kenmore State High School Mouthguard Consent Form

The Department of Education guidelines state that **mouthguards are mandatory** for students wishing to participate in the sports listed below.

Australian Football (AFL)

Rugby League

Rugby Union

Hockey

Student's Name

Water Polo

Rugby Union 7s

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:

https://www.ada.org.au/Your-Dental-Health/Teens-12-17/Mouthguards in order to make an informed decision about the different types of mouthguards your child will wear.

If a student is unable to wear a mouthguard for medical reasons, then a <u>signed medical clearance certificate</u> is required prior to participating in this representative school sport 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> in the specific representative school sport event.

STUDENT DETAILS

	Sport	
	Date of Birth	
	School	
		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.		
o	R	
□ has an identified medical condition/s that may impact on their safety during participation in this sport and therefore <u>cannot wear a</u> <u>mouthguard</u> . The required medical clearance certificate is attached.		
Signa	ture of Parent/ Care Giver	:: Date: