

WARREN CENTRAL HIGH SCHOOL



Warren Central High School Mouthguard Information and Consent Form

Child's Name: _____ Date of Birth: _____

Parent/Legal Guardian's Name: _____

Address: _____

Phone: _____ Email: _____

Medical and Dental History (Please circle YES or NO)

Are you presently under the care of a physician? YES or NO

Are you taking any medications or drugs? YES or NO

If yes, please list: _____

Do you have any allergies to medications or chemicals? YES or NO

If yes, please list: _____

Do you have an allergy to latex, plastic, or metal? YES or NO

Do you have asthma or any other respiratory disease? YES or NO

Are you diabetic? YES or NO

Have you ever had oral surgery or TMJ problems? YES or NO

Have you ever had impressions taken of your teeth? YES or NO

Do you gag easily? YES or NO

Have you had any problems while receiving dental treatment in the past? YES or NO

If yes please explain: _____

Do you currently have any concerns with your teeth or mouth? YES or NO

If yes please explain: _____

Are you undergoing any dental or orthodontic treatment at this time? YES or NO

If yes please explain: _____

Are there any reasons why a mouthguard should not be made? YES or NO

If yes, please explain: _____

Have you ever been treated for any of the following?

Rheumatic Fever, Scarlet Fever, Diphtheria, Tuberculosis or Lung Disease, Heart Disease, Stroke, Epilepsy, Gall Bladder Disease, Liver or Kidney Disease, High Blood Pressure, or Cancer?

If yes, please list: _____

Are there any other conditions, not listed above, that we should be aware of?

If yes, please explain: _____

Parental Release:

I, _____ (please print your name clearly) am the parent/legal guardian of the above mentioned child and have the authority to give consent to treatment on behalf of said child. I acknowledge and consent that the Warren Central Sports Medicine Department (collectively referred to as the "WCSMD") is not providing any dental examination of the above child.

I am aware that a mouth guard is a hard piece of plastic, which is designed to fit over and cover the upper teeth to help protect the child's teeth. It also attempts to reduce the risk of dental injuries and trauma during athletic activity. The use of a mouth guard can be uncomfortable and cause gagging. I furthermore understand that although the athletic mouth guard is protection for the teeth and soft tissues of the mouth, injuries to these areas are still possible while wearing this appliance, and I can claim no liability for these injuries against Warren Township, the Warren Central Athletic Department, or the Warren Central Sports Medicine Department. I am also aware that the mouth guard can break from usual use by the child and that there is a risk that the guard can be swallowed or inhaled especially if broken. I understand that the mouth guard should be checked regularly to ensure that it is not broken and that if it is, the child will no longer use the mouth guard.

I acknowledge that the child is being seen by the WCSMD only for the purpose of having a custom mouthguard made. I hereby consent to the WCSMD taking an impression of the child's upper teeth and fitting him/her for a custom mouthguard. I understand this service is being provided at a discounted fee of \$25 as a service to the community and the WCSMD is not responsible for any injury or damages sustained by the child while using the mouth guard and that they are hereby released from any and all liability arising from the use of the mouth guard by the child or relating thereto in any manner whatsoever. The child is only requesting the above mentioned service from the WCSMD and is not relying on the WCSMD to provide any diagnosis of or dental treatment to the child and that the child will seek dental treatment from a dentist of the parent or legal guardian's choice at the parent or legal guardian's own expense.

Signature

Date