

Consent and Medical Declaration

Please return this form to Mr Joshua Afu in the Sports Office prior to the commencement of the season.

Student Name: _____ Sport/s: _____

I, _____ (name of Parent/Carer) understand that mouth protection is mandatory in this sport. I have read the information provided about mouth protection and accept responsibility for the type of mouth protection 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: _____