

SPORTS MOUTHGUARD FORM

I authorize Dr. _____ to provide those procedures necessary to fabricate a mouthguard for my minor child to use for sports purposes.

I understand that the purpose of a mouthguard is to protect the teeth from injury during sporting events. I acknowledge that in the course of sporting events, there may be inadvertent blows to the mouth which may cause injury despite the presence of a mouthguard. I also acknowledge that the mouthguard may be dislodged or displaced leaving the sports participant susceptible to injury to the teeth and other oral structures.

I agree to hold Dr. _____ harmless in the event of any injury to the mouth of my child during sporting events where the mouthguard may be worn. I understand that there are no guarantees or warranties associated with the mouthguard.

Signature of parent

Date

Signature of patient if 18 or over

Date

Witness to signature

Date