



Mouthguard Consent Form

Athlete's Name: _____ Date of Birth: _____

Name of Parent or Legal Guardian: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Relationship to Athlete: _____

Medical and Dental History

Does the Athlete have any medical conditions or health problems?

Yes ____ No ____ If yes, please describe: _____

Does the Athlete have any allergies?

Yes ____ No ____ If yes, please describe: _____

Has the Athlete had any problems with dental treatment in the past?

Yes ____ No ____ If yes, please describe: _____

Any other conditions, not listed above that we should be aware of?

Yes ____ No ____ If yes, please describe: _____

Acknowledgment and Release

I, _____ am the parent/guardian of the athlete above and have the authority to give consent to treatment on behalf of said athlete. I agree the personal and health information provided is true and accurate. I acknowledge and consent that Green Leaf Dental Care is providing a custom-fitted mouthguard. I hereby consent and authorize the doctors to perform a dental impression, fabrication, and delivery of a custom-fitted mouthguard. I understand a mouthguard is a piece of plastic that is designed to fit over and cover the upper teeth to help protect the athlete's teeth and soft tissues of the mouth. Injuries to these areas are still possible while wearing this appliance and I claim no liability for these injuries against Green Leaf Dental Care. I understand the mouthguard should be checked regularly to ensure that it is not broken and that if it is, the athlete will no longer use the mouthguard. The doctors will use the 3D scan and provide a teledentistry screening. I understand that a screening is not a substitute for an annual dental checkup and x-rays.

Signature

Date