

Mouth Guard Information and Consent Form



Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

Zip Code: _____ Phone: (H) _____ (C) _____

Email: _____

Medical and Dental History

- | | |
|--|----------------|
| Is your child presently under the care of a physician? | Yes___ No ___ |
| Is he/she taking any medications or drugs? | Yes ___ No ___ |
| Does he/she have an allergy, hay fever, or asthma? | Yes ___ No ___ |
| Does he/she have an allergy to latex, metal or drugs? | Yes ___ No ___ |
| Is he/she diabetic? | Yes ___ No ___ |
| Has your child ever had jaw surgery or TMJ problems? | Yes ___ No ___ |
| Has your child ever had impressions taken of his/her teeth? | Yes ___ No ___ |
| Does he/she gag easily? | Yes___ No ___ |
| Has your child ever had any problems while receiving dental treatment in the past? | |

_____ Do you currently have any concerns with your child's teeth or mouth?

_____ Is he/she undergoing any dental or orthodontic treatment at this time?

If your child has ever been treated for any of the following, Please circle:

Rheumatic fever, scarlet fever, diphtheria, tuberculosis or lung disease, heart attack or heart disease, stroke, epilepsy, gall bladder disease, liver or kidney disease, high blood pressure, cancer, STDs, hepatitis, AIDS.

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

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 Dr. Richardson or any member of his staff 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 and attempt 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 R. James Richardson II MS DDS INC. I am also aware that the mouth guard can break from usual use by the child and that there is a risk that the mouth 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 attending the office of R. James Richardson II MS DDS only for the purpose of having a custom mouth guard made for the child (which shall include taking the impression of the child's upper teeth and fitting of the mouth guard) and hereby consent to this service being provided to the child by R. James Richardson II MS DDS INC. This service is being provided free of charge as a service to the community and R. James Richardson II MS DDS and his staff 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 doctors and is not relying on the doctors to provide any diagnosis of or dental treatment to the child and that the child will seek dental treatment from a dentist of the child's choice at the child's own expense.

Signature

Date