

### WEST POTOMAC HIGH SCHOOL ACADEMY/DENTAL CUSTOM ATHLETIC MOUTH GUARD FABRICATION PERMISSION FORM

Please take a mouth guard impression of my son/daughter to be used for the fabrication of a custom molded mouth guard.

Please print clearly and return form with check (made payable to West Potomac Academy/Dental) to \_\_\_\_\_, Head Certified Athletic Trainer ASAP.

Athlete's Name: \_\_\_\_\_  
Please print clearly

Previous Mouth/Head Injury or Concussion: \_\_\_\_\_ YES    Date: \_\_\_\_\_  
  NO

Number of Mouth Guards Requested: \_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_ (\$25.00 for first mouth guard, \$10.00 for each additional mouth guard)

- 1 = \$25.00
- 2 = \$35.00
- 3 = \$45.00
- 4 = \$55.00
- 5 = \$65.00

Athlete's Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_

Parent's phone number: \_\_\_\_\_

*Additional mouth guards may be purchased during the school year for \$10.00 each when the original mold is maintained in good condition with the school's certified athletic trainer.*